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EDITORIAL

IT IS with deep regret that we announce the retirement of Dr. Frankwood E. Williams as editor of MENTAL HYGIENE. Dr. Williams has edited the magazine ever since its first number—that of January, 1917—which was in process of preparation when he joined the staff of The National Committee for Mental Hygiene as associate medical director. When, in 1922, he became medical director of the National Committee, he retained the editorship of the quarterly and continued to make it one of his main interests.

Under Dr. Williams' leadership, the magazine has been more than a professional journal; it has been, in a sense, the spokesman of the mental-hygiene movement, interpreting in language intelligible to laymen the scientific conceptions on which the movement is based and informing the public of the changes and developments that are constantly taking place in this great new field. That it has been able to perform this service has been due largely to Dr. Williams' own broad conception of mental hygiene, not as the exclusive concern of a group of scientists and professional workers, but as a basic factor in all human affairs, of vital interest to every one who is struggling with human problems.

Now as to the future. A number of questions present themselves. For example, what editorial policy will best meet the needs of our readers, representing as they do many different backgrounds and widely varying interests? How can we, without lowering the standard set by Dr. Williams, appeal to an even larger circle of readers and extend the influence of mental hygiene even more deeply into every field of human endeavor?

Only tentative answers can be given to these questions as yet. The formulation of more definite policies calls for mature deliberation, since many points of view will have to

be considered. For that reason an advisory group will come together at frequent intervals to discuss the educational program of the National Committee and to offer criticism and advice. Constructive suggestions from our readers will be welcomed also.

In the meantime, the editor will be guided by certain general considerations, which may be stated briefly as follows:

Mental hygiene is concerned with a broad program for human welfare. It includes within the scope of its activities the effective treatment and control of the insane and the mentally defective, at one extreme, and at the other, the prevention of mental disabilities and the enrichment of human life. It involves an interest in therapeutic procedures for those who are failing in the battle of life and an interest also in measures and methods that will forestall maladjustment. It is concerned not only with the mental health of the *individual*, but with social, educational, and health activities that affect the welfare of the entire population.

For effective progress in so broad a field, there are two requisites: first, mental hygiene must draw upon all the sciences for an elucidation of its problems and for the discovery of facts and principles pertinent to its program; and, second, mental-hygiene philosophy and practice must be woven into the very fabric of our civilization.

No single instrument—no single magazine, for example—can hope to make more than a modest contribution to so vast a program. It would be quite impossible for one magazine to deal adequately and exhaustively with all the various phases of the movement. Indeed, in one branch of our work alone—the study of child development—there is enough in the way of current findings to fill a fair-sized library.

Nevertheless, we feel that MENTAL HYGIENE has, to use a hackneyed term, “a mission.” It is the only medium we have that represents a catholic interest in the whole field of mental hygiene. It offers an opportunity, therefore, for the presentation, not only of informative material on numerous aspects of the subject, but of all the various and often opposing theories and points of view that are slowly crystallizing into a science of human behavior.

An attempt will be made in each issue to present a varied selection of articles. Emphasis will not be placed upon any

particular scientific discipline or type of application. The magazine will have no "platform," and the editorial staff will hold no brief for the views expressed. Indeed, articles may occasionally appear whose chief value will lie in the fact that they stimulate thought. For the most part, however, contributions will be selected on the basis either of rich factual content or discriminating interpretation of mental-hygiene aims and trends.

THIRTY YEARS OF PSYCHIATRY

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IT SEEMS essential at the outset to define what we mean by psychiatry. In the opinion of the majority of psychiatrists, psychiatry is concerned with those problems of maladjustment of the total personality which arise out of the interrelationship of the individual and his environment. To understand adequately these problems of maladjustment, the psychiatrist must evaluate and interpret the total personality of the individual, including not only the psychological attributes, emotional drives, and intellectual equipment, but the entire somatic system as well, comprising the various anatomical systems, their physiology, histopathology, and pathological physiology. The psychiatrist, therefore, attempts to interpret the reactions of the individual to his environment on the basis of what can be known of the total personality and an analysis of his environment and his experiences, past as well as present. Psychiatry is concerned with therapeutic procedures, ranging from specific and empiric pharmacological agents and physical forms of treatment to the most complicated forms of psychotherapy directed toward a more satisfactory integration of the patient with his environment. Such therapeutic procedures entail attention not only to the individual himself, but to the rearrangement and manipulation of environmental situations and factors.

Although psychiatry was primarily concerned with the more severe forms of maladjustment, or the so-called insane, it has been, in more recent years, interested as well in the whole matter of good, bad, or indifferent forms of human adaptation, regardless of what form or under what diagnostic or social category such behavior occurs. Modern psychiatry is interested only secondarily in categorical problems. It concerns itself primarily with the history, cause, treatment, and prevention of human maladjustment. Neuroses, psychoneuroses, personality problems, behavior disorders, delin-

quency, crime, and industrial inefficiency are not necessarily something apart from even the most serious psychoses, as all of these are forms of social maladaptation, and certain general principles of study, investigation, treatment, and prevention hold true for all.

When psychiatry concerns itself with the study and application in the field of prevention of what it has learned from psychopathology, it is known as mental hygiene. Mental hygiene, like physical hygiene, often finds itself obliged to enter other related social organizations, such as the nursery, the public school, the university, courts, penitentiaries, charitable organizations, industrial organizations, and others, in order to further its objectives by securing such modifications in the activities of these organizations as will be likely to make for better social adaptation of the individuals involved. Public-health authorities have found it necessary to introduce into the regulations of activities that superficially seem far removed from medicine certain restrictions or provisions that will safeguard the physical health of the individuals concerned. Mental hygiene, in this respect and many others, is on the same plane as physical hygiene.

In the past quarter century, material advances have been made by psychiatry, which have tended, if only in a limited measure in many instances, to solve some of the problems of human maladaptation. Nevertheless, these trends should be regarded as highly important guides to further research in a more organized fashion. The nineteenth century saw the segregation of the mentally ill and the mentally deficient into special institutions for their care. This marked a change of attitude in that it separated them from criminals, paupers, and the like, and made possible the first rational efforts for their treatment. Hospital and institutional provisions for the mentally ill and the mentally deficient have grown with increasing rapidity during the present century. Thus, the segregation into special institutions of the mentally ill has been responsible, in large measure, for making possible research investigations into the nature, causes, and treatment of mental problems.

It is our purpose in the present paper to set forth in a simple style what we believe to be significant studies and

observations in psychiatry over a relatively short span of years. The mental-hygiene aspects of psychiatry will not be discussed, although they include some of the most important developments in the whole field. Even to summarize them, however, would call for more space than is available here, and it is to be presumed that readers of MENTAL HYGIENE are already familiar with their general trends.¹

Psychobiology.—The twentieth century dawned on what we may refer to as a “descriptive psychiatry”—a psychiatry that, under the influence of Kraepelin’s genius,² was largely concerned with the diagnosis and description of clinical syndromes, but quite sterile so far as active treatment or an understanding of dynamic factors was concerned. Psychiatry thus found itself in a rather static position just one generation ago. This condition might have persisted had it not been for another genius, an Austrian neurologist whose earlier studies in the dynamics of mental abnormalities were just appearing over the horizon. Freud’s³ contributions to the understanding of the motivation of human thought, human feelings, and human behavior wrought a change in the practice of psychiatry in all its aspects, and particularly in the realm of treatment.

It is important at this point to state that we do not wish to be understood to mean that a classical Freudian analysis is the one and only form of effective psychotherapy. We do claim, however, that in almost every form of psychiatric treatment, some Freudian principles or concepts are involved. We also believe it important to stress the fact—often lost sight of, particularly by those unacquainted with the clinical application of psychoanalytic concepts—that Freudian psychology is in no sense incompatible with, or exclusive of, theories of constitutional forces or organic changes. As a matter of fact, Freud himself states that biological and psy-

¹ Those who wish an account of the origin and growth of the mental-hygiene movement will find it in the latest edition (eighteenth printing) of *A Mind That Found Itself*, by Clifford W. Beers. Garden City, N. Y.: Doubleday, Doran, and Company, 1931.

² See *Lectures on Clinical Psychiatry*, by E. Kraepelin. Third English edition. New York: William Wood and Company, 1917.

³ See *Studien über Hysterie*, by Sigmund Freud and Joseph Breuer (Leipzig: F. Deuticke, 1895), and *A General Introduction to Psychoanalysis*, by Sigmund Freud. New York: Boni and Liveright, 1920.

chological development are inseparably interrelated, and as the biological constitution varies in different individuals, so varies the psychological constitution.

Psychoanalysis investigates the dynamics of mental life. Simply stated, it is based on the presumption that the essential nature of mental life consists of innate drives or urges, which, for social purposes, must early in childhood be so controlled, directed, or diverted as to be compatible with the needs of a complex social organization. The earliest years of life represent the period when biological and mental experiences most profoundly influence the individual, because he is then less preformed or conditioned. Therefore, an individual's tendencies and reactions are largely predetermined by his earlier experiences and his reactions to them. Because of a tendency to repress unpleasant experiences and interests, tendencies or feelings running contrary to the social order of things, there exists in the mental life of the individual a vast amount of material of which he is unaware. It is this vast amount of stored up, non-conscious experiences and feelings—much of which would probably be quite unacceptable to the individual's conscious mind or to his conscience, and which may have a stronger pull upon him than the world of reality in which he is living—coupled with constitutional inadequacies or acquired defects, organic or physiologic in nature, that determine the state of the individual's mental health or the manner of expression of his mental ill health or maladjustment. In a word, then, psychoanalysis, as formulated by Freud and as modified in some respects by Jung¹ and Adler,² is a mechanistic theory of the human mind, of human thought and human emotional or instinctive drives. Ernest Jones³ puts it as follows:

"It has been said that the relationship of psychoanalysis to psychiatry resembles that of histology to anatomy. . . . The one studies the finer details, the other the gross outlines. . . . It is hard for us nowadays to picture what anatomy was like before the discovery of the microscope. . . . It was not merely that far more became known

¹ See *Psychological Types, or the Psychology of Individuation*, by Carl Gustave Jung. New York: Harcourt, Brace, and Company, 1923.

² See *A Study of Inferiority and Its Psychological Compensation*, by Alfred Adler. Munich: J. F. Bergman, 1927.

³ *Psychoanalysis and Psychiatry*, by Ernest Jones, M.D. MENTAL HYGIENE, Vol. 14, pp. 384-98, April, 1930.

about the actual anatomical structure of the various organs; more important than this was the contribution histology made to our knowledge of function and genesis. . . . The point I am making here is that just the same is true of psychoanalysis . . . the outstanding achievement of psychoanalysis in psychiatry is that it has given us for the first time a real comprehension of the meaning of mental morbidity."

Healy, Bronner, and Bowers make the statements:¹

"Psychoanalysis investigates the dynamics of mental life—through studying mental content by a special technique. . . . Psychoanalysis has attained the status of having, in method, become an instrument of psychological research into the depths of human nature. . . . Psychoanalysis presents itself as a structure erected within the field of psychobiologic science."

In this country, during the early years of the present century, Adolf Meyer's teachings² gave to psychiatry an added impetus by stressing the importance of studying and treating the individual not only as a whole, but as an organism in relation to its environment as well. In an address at the Bloomingdale Hospital Centenary,³ Meyer says:

"The study of life problems always concerns itself with the interaction of an individual organism with life situations. . . . The human organism can never exist without its setting in the world. . . . After studying in each patient all the non-mental disorders, such as infection, intoxication, and the like, we can also attack the problems of life which can be understood only in terms of plain and intelligible human relations and activities and relations to self and others. . . . There are in the records of our patients certain ever-returning tendencies and situations which a psychiatry of exclusive brain speculation, auto-intoxication, focal infection, and internal secretions could never have discovered. . . . Much is gained by the frank recognition that man is fundamentally a social being. There are reactions within us which only contacts and relations with other human beings can bring out. . . . Psychiatry has led us from a cold dogma of blind heredity and a wholesale advice to a conscientious study of the problems of each unit,

¹ *The Structure and Meaning of Psychoanalysis as Related to Personality and Behavior*, by William Healy, M.D., Augusta F. Bronner, and Anna M. Bowers. New York: Alfred A. Knopf, 1930.

² See "A Short Sketch of the Problems of Psychiatry," by Adolf Meyer, M.D. (*American Journal of Insanity*, Vol. 53, pp. 538-49, April, 1897). See also his paper, "The Evolution of Dementia Praecox," in *Schizophrenia* (Proceedings of the Association for Research in Nervous and Mental Disease, New York, December, 1925). New York: Paul B. Hoeber, 1928.

³ "Psychiatry and Life Problems," in *A Psychiatric Milestone. Bloomingdale Hospital Centenary, 1881-1921*. New York: The Society of the New York Hospital, 1921.

and at the same time we have developed a new and sensible approach to mental hygiene and prevention. . . . We cannot expect to change mankind completely. There will always be a great variety of human beings and of failures in health and life. But we are learning to use experience to avoid avoidable waste and avoidable unhappiness."

Intelligence Testing.—In another field of psychiatry, concerned more specifically with deficiencies of the intelligence, Binet and Simon, in 1905, in France, devised a measuring scale of intelligence, the forerunner of practically all tests of intelligence in use to-day. These tests reached America in 1906, but attracted little attention until Dr. Goddard, in 1908, introduced Binet's technique into the Training School at Vineland, New Jersey, a school for the mentally deficient. Dr. Fernald, in his Presidential Address before the American Association for the Study of the Feeble-minded in 1924,¹ stated:

"The theory and practice of mental testing and the discovery of the concept of mental age did more to explain feeble-mindedness, to simplify its diagnosis, and to furnish accurate data for training and education than all the previous study and research from the time of Séguin."

Later the original Binet tests were modified so as to be more suitable for use in this country. The modification of Terman,² of Leland Stanford University, has stood the test of time and experience, and is still the most widely used psychometric test of to-day. Since the introduction of the Binet test, a variety of mental tests have been devised, of value in different clinical problems. It is becoming more and more clearly recognized that intelligence, whatever it is, is not a unit characteristic or trait, but consists of a variety of mental phenomena. The use of a group of differentiated psychometric methods has proved necessary in order to secure a broad perspective of the individual characteristics and properties of the intellectual make-up. The psychometric-test method has paved the way for the introduction of a variety of tests of emotion, will, temperament, and the like, none of which, however, is as reliable as the more commonly used and accepted tests of intelligence.

¹ *Thirty Years Progress in the Care of the Feeble-minded*, by Walter E. Fernald, M.D., in Proceedings of the American Association for the Study of the Feeble-minded, 1924.

² See *The Measurement of Intelligence*, by Lewis Madison Terman. Boston: Houghton, Mifflin Company, 1916.

The Transmission of Mental Inadequacies.—The use and application of mental tests soon revealed the "moron" in our schools, almshouses, jails, and penitentiaries. This, in turn, focused attention upon the moron and upon the moron's family.

Dr. Fernald, in the address referred to above,¹ speaks as follows of the heredity of feeble-mindedness:

"The eugenic and dysgenic research and study of Goddard² and of Davenport³ marked another great advance in our knowledge of feeble-mindedness. These investigations more than verified the impression of previous observers that feeble-mindedness was often a highly hereditary condition. The Black charts of the Kallikaks, the Nam Family, and the Hill Folk were most sinister in their significance as showing that certain types of defect were transmitted in accordance with certain definite genetic laws, and that a majority of the defectives studied were of the hereditary class. . . . Since that time many things have happened to make us believe that we were far too sweeping in some of our generalizations regarding the feeble-minded."

Although the hereditary type of mental defective still seems to make up an uncomfortably large proportion (50 per cent) of the population of our state institutions, yet on the other hand we now know that infective, inflammatory, and other destructive brain diseases contribute their share to the problem of mental deficiency. Much yet remains to be learned more definitely about the so-called hereditary feeble-minded. Agitation for sterilization is a direct outgrowth of the original contributions of Davenport and Goddard in this country, but much must be learned of this type of feeble-mindedness before sterilization can be put on a scientific rather than a social basis.

For many years, the question of the hereditary influence of mental diseases and mental defects has been productive of much discussion. During the present century, however, new ideas have arisen regarding this perplexing problem.

Bauer⁴ believes that there are three general ways in which constitutional peculiarities may arise from the germ plasm:

¹ See note 1, page 9.

² *Feeble-mindedness, Its Causes and Consequences*, by H. H. Goddard. New York: The Macmillan Company, 1919.

³ *Heredity in Relation to Eugenics*, by C. B. Davenport. New York: Henry Holt and Company, 1911.

⁴ *Die Konstitutionelle Disposition zu Inneren Krankheiten*, by J. Bauer. Berlin: J. Springer, 1921.

(1) They may be carried through the germ plasm as direct hereditary characteristics which were already present in one or the other parent, either in a manifest or latent form. This is called heredity. (2) They may arise through incompatibility of the hereditary traits of the parents. This may give rise to new constitutional characters not seen in either parents or their ancestors. This is called amphimixis. (3) They may arise because the parental germ cells have been altered in their growth through some outside influence. This is called blastophoria.

Investigations by Gates, Hoffman, Rüdin, Davenport, and others tend to show that there is a relatively large predominance of psychopathy in the ancestry of patients with manic-depressive and dementia-praecox psychoses.

Constitutional Factors in Mental Maladjustment.—Closely allied or related to the problem of heredity is that of constitution. We are of the opinion that the weight of evidence is in favor of a constitutional predisposition in all so-called functional mental disorders, psychopathic personalities, and other forms of perverse personality problems. These constitutional tendencies are uncovered by adverse environmental forces or situations. Stated in another way, many psychiatric problems are expressions of one or another kind of constitutional inadequacy.

Pende¹ has recently shown that there is in every individual a certain relationship between the various organs or systems of the body. In the ideal condition, there is a nicety of balance between these systems. This balance may be imperfect, however, so that some shock administered by the environment is poorly withstood, with the result that there is a breakdown of the psyche, temporary or permanent, as the case may be.

Kretschmer,² some ten or twelve years ago, made a study of the physical constitution of persons suffering from mental disorders. As a result of this study, he was able to define and describe certain types of bodily make-up, such as the long and thin or linear type and the short and fat or rotund

¹ See *Constitutional Inadequacies; An Introduction to the Study of Abnormal Constitutions*, by Nicola Pende. Philadelphia: Lea and Febiger, 1928.

² See *Physique and Character*, by E. Kretschmer. Translated by W. J. H. Sprott. New York: Hareourt, Brace, and Company, 1925.

type, together with certain others which he found to be closely associated with certain psychological types of reaction. This should not be interpreted, however, to mean that the type of bodily make-up is in any way the cause of the mental disturbance. As a matter of fact, the problem is far more complicated than this and the indications are that both physical build and psychological pattern are in turn dependent upon the balance of fundamental constitutional factors.

The presentation of these constitutional aspects of human maladaptation may perhaps arouse in the minds of some of our readers a sense of futility in therapeutic efforts. We hasten, therefore, to call attention to the fact that a constitutional disorder or a constitutionally predisposed person is not beyond treatment and that as a matter of fact a constitutional approach on the part of the psychiatrist is often productive of the best therapeutic endeavor, because, above all else, the patient thus comes in for a larger share of the treatment. We do not pretend to minimize the importance of environmental factors, but we do wish to emphasize that all the manipulation of environmental factors possible will result in only a superficial alleviation of the problem if the individual child or adult fails to receive treatment directed toward himself as well. To illustrate with a constitutional problem in internal medicine, take the treatment of diabetes. Before the use of insulin, we had no means of treatment other than that directed toward a particular phase of the environment—the diet. With insulin at our disposal, we are now able to treat the patient as well, and there has been a striking improvement in the results obtained.

Many persons with constitutional inadequacies are able to lead useful and satisfactory lives, provided they keep within the limitations imposed upon them by their inadequacies. Inadequacies involving the personality, even though constitutional in nature, may be modified—a bit here, a bit there—and if the patient is enabled to appreciate his constitutional predispositions and is assisted to regulate or choose his environment, he may lead a life reasonably free from “nervous breakdowns” and the unhappiness caused by emo-

tional failures. As a matter of fact, this is what psychiatry is accomplishing every day in its treatment activities.

Endocrinological and Metabolic Aspects of Mental Pathology.—Closely allied to the study of constitutional inadequacies in the field of psychiatry are the investigations of the endocrinological and metabolic features associated with mental pathology. Several years ago, Mott,¹ from histological studies of the brain and reproductive organs of cases of dementia praecox, formulated the hypothesis that this disorder is the expression of an inherent lack of vitality in the germ cell, blastophoric in nature, which is manifested biologically in succeeding generations by a progressive failure of certain cellular elements in the reproductive organs and in a lack of durability in the cells of the cortex of the brain. Lewis² agrees with Mott in his findings, as does Tiffany.³ Morse,⁴ however, takes exception to Mott's findings and states that she has found these changes described as characteristic of dementia praecox also in patients of normal mentality who died of tuberculosis and other wasting diseases.

Among the contributions of 1929, the following are of much interest. Hoskins and Sleeper⁵ made a metabolic study of 80 cases of dementia praecox, of which half gave definite or presumptive evidence of glandular deficiency. Of the half

¹ See "Normal and Morbid Conditions of the Testes from Birth to Old Age in One Hundred Asylum and Hospital Cases," by Sir Frederick W. Mott, M.D. (*British Medical Journal*, Vol. 2, pp. 655-57, 698-700, 737-42, November 22 and 29 and December 6, 1919). See also his "Psychopathology of Puberty and Adolescence" (*Journal of Mental Science*, Vol. 67, pp. 279-339, July, 1921), and his *Studies in Pathology of Dementia Praecox*, in Proceedings of the Royal Society of Medicine, Section of Psychiatry, June, 1920.

² See *Constitutional Factors in Dementia Praecox, with Particular Attention to the Circulatory System and to Some of the Endocrine Glands*, by Nolan D. C. Lewis, M.D. Washington: Nervous and Mental Disease Publishing Company, 1923.

³ See "Pathological Changes in Testes and Ovaries in Dementia Praecox," by William J. Tiffany, M.D. *State Hospital Quarterly*, Vol. 6, pp. 159-66, February, 1921.

⁴ See "Pathological Anatomy of the Ductless Glands in a Series of Dementia Praecox Cases," by Mary Elizabeth Morse, M.D. *Journal of Neurology and Psychopathology*, Vol. 4, pp. 1-18, May, 1923.

⁵ See "The Thyroid Factor in Dementia Praecox," by R. G. Hoskins, M.D., and Francis H. Sleeper, M.D. *American Journal of Psychiatry*, Vol. 10, pp. 411-32, November, 1930.

that gave such evidences, 14 showed thyroid deficiency and 13 showed deficiency in the pituitary gland. Under glandular therapy the results were far more striking in the cases that showed a glandular deficiency than in those in which there was no apparent deficiency. The same authors reported also on the basal metabolic rate in schizophrenia. They claim that the rate averages 10 per cent below that of normal subjects.

McCartney,¹ in a study of pathological material obtained from 158 "schizophrenic cadavers," was of the opinion that the mental disease was primarily in the nature of an endocrinopathy, in which the gonads (sex glands) were consistently degenerated or were under-functioning. Lesser changes were found in the adrenal and thyroid glands. He reported that he found "typical dementia praecox or schizoid character" in 23 eunuchs studied by him. Furthermore, he concluded that 60 per cent of 70 living schizophrenic subjects were eunuchoid in type, while 5.7 per cent had normal testes, with, however, other signs of endocrine deficiency.

In 1922 Potter² found evidence of an endocrinopathy in over 30 per cent of a large series of cases of mental deficiency. He also reported that there were no pronounced changes following the use of endocrine therapy in mental defectives.

Raeder³ reports definite pathological changes in the ductless glands in 74 out of 100 cases of mental deficiency coming to autopsy. Timme⁴ demonstrated X-ray findings which he interprets as indications of a pituitary abnormality in 85 or 90 per cent of cases of Mongolism.

The new advances in endocrinology have not only helped to clarify our knowledge as to the action of the various glands of internal secretion, but have also made available potent

¹ See "Dementia Praecox as Endocrinopathy with Clinical and Autopsy Reports," by J. L. McCartney, M.D. *Endocrinology*, Vol. 13, pp. 73-87, January-February, 1929.

² See "Endocrine Imbalance and Mental Deficiency," by Howard W. Potter, M.D. (*Journal of Nervous and Mental Disease*, Vol. 56, pp. 334-45, October, 1922); also his "Endocrine Therapy in Mental Deficiency" (*Endocrinology*, Vol. 7, pp. 25-40, January, 1923).

³ See *Endocrinology in the Feeble-minded in One Hundred Autopsied Cases*, by Oscar J. Raeder, M.D., in Proceedings of the American Association for the Study of the Feeble-minded, June, 1920.

⁴ See "The Mongolian Idiot," by Walter Timme, M.D. *Archives of Neurology and Psychiatry*, Vol. 5, pp. 568-71, May, 1921.

preparations that can be used clinically. Thus within a short period we have witnessed the preparation of insulin, parathormone, pitocin, pitressin, female sex hormone, two or three anterior pituitary hormones—one playing a rôle in growth, the other in the regulation of the sex cycle—and cortin.

The tremendous strides in the fields of metabolism and biochemistry in recent years have given us new insight into such biological processes, and the application of some of this knowledge to the study and treatment of the pathological physiology of the nervous system has yielded encouraging results and opened new lines of investigation in psychopathology.

Whether one regards the brain as the organ that produces thought or merely as the seat of the mind, in either case physical, chemical, or metabolic disturbances affecting this organ are reflected by aberrations in thought and behavior.

Studies by Lennox and Cobb¹ on the metabolism of oxygen in the brain have shown that the brain uses up oxygen at a much higher rate than does the body in general. This observation is of special significance in view of the work of Barcroft² and his co-workers, who made an investigation of the effect of high altitudes and low oxygen atmospheres on mental processes. Certain mental changes, some of them not unlike those seen in certain mental disorders, were temporarily produced by thus subjecting individuals to oxygen deprivation. This may indicate that the brain is very sensitive to such types of metabolic disturbances.

Possibly closely allied to this matter of oxygen metabolism is the work initiated by Loevenhart,³ Lorenz, and their co-workers, and more recently taken up by many other investigators, with narcosis by means of oxygen and carbon dioxide. When patients suffering from a catatonic type of dementia praecox—a condition characterized by mutism, negativism,

¹ See "Relation of Certain Physicochemical Processes to Epileptiform Seizures," by W. C. Lennox, M.D., and S. Cobb, M.D. *American Journal of Psychiatry*, Vol. 8, pp. 837-47, March, 1929.

² See *Respiratory Function of the Blood*, by Joseph Barcroft. New York: The Macmillan Company, 1928.

³ See "Cerebral Stimulation," by Arthur S. Loevenhart, M.D., William F. Lorenz, M.D., and Ralph M. Waters, M.D. *Journal of the American Medical Association*, Vol. 92, pp. 880-83, March 16, 1929.

resistiveness, refusal to take nourishment, and a generalized muscular rigidity, so-called catalepsy—inhalation of a mixture of 40 per cent carbon dioxide and 60 per cent oxygen for a period of a few minutes and are then allowed to breathe atmospheric air, they move about normally, talk spontaneously, are clear mentally, and answer questions relevantly. At the end of from fifteen to thirty minutes, they become confused again, slow up in their muscular activity, respond more slowly to questions, and cease to talk spontaneously. And at the end of another five to fifteen minutes the stuporous condition is again fully established, with all its characteristic mental and physical expressions. The same phenomenon may be produced by intravenous injections of barbituric-acid derivatives.

There are two assumptions regarding the above phenomenon. One is that the state of deep unconsciousness produced by these agents is so profound as to inhibit or dislodge the mental mechanism responsible for the stupor and catatonia; the other is on the physiological level, and maintains that a change in the physiology of the brain is induced by the administration of these agents.

W. J. Bleckwenn¹ states that narcosis by iso-amylethyl barbiturate periodically and repeatedly induced is decidedly beneficial in various so-called functional mental disorders, and materially shortens the course of the illness.

Closely allied to the clinical investigation of cataleptic stuporous patients is some exceedingly interesting work with laboratory animals, monkeys especially, in which a condition of catalepsy, resembling somewhat that seen clinically, may be produced by the injection of a certain drug called Bulbo-capnin. After the injection of this drug, the animal becomes immobile, but by no means paralyzed or unconscious, and will maintain awkward positions until the effect of the drug wears off. For instance, a cat and a mouse may be injected and the mouse placed in front of the cat. The cat will make no attempt to attack the mouse, nor will the mouse make any attempt to escape. The interesting point is that by the administration of carbon dioxide and oxygen, the "Bulbo-

¹ "Narcosis as Therapy in Neuropsychiatric Conditions," by William Jefferson Bleckwenn, M.D. *Journal of the American Medical Association*, Vol. 95, pp. 1168-71, October 17, 1930.

capnized" animal, like the stuporous patient, can be temporarily released from the cataleptic state, only to relapse again within a few minutes.

Closely identified with the metabolic aspects of mental disorders has been the fairly recent treatment of epilepsy by restricting almost to the point of dehydration the fluid intake of the patient and by prescribing a diet especially rich in fats, which sets up in the individual, when continued over a period of time, an acidosis not dissimilar to the acidosis seen in diabetics. By each of these treatments, definite changes in the body metabolism are brought about which have not been altogether unsuccessful therapeutically. In passing, it is interesting to recall the observation that diabetes and epilepsy are rarely found associated in the same individual. It is thus doubly interesting that the production of a state of intoxication occurring naturally, as it were, in the diabetic, is found to have some merit when intentionally induced in an epileptic. It is also to be pointed out that the presence of an acidosis disturbs the water balance in the tissues. Thus the ketogenic diet and the fluid-starvation treatment, although evolved independently, may fundamentally or metabolically be closely related.

Psychiatry and General Medicine.—The opening up of the whole field of constitutional medicine, and the possibilities not only of fundamental contributions in regard to the causes of various psychiatric problems, from the mildest forms of so-called nervousness to the more serious mental disorders, but also of an approach to their treatment on a physiological as well as a psychological level, should impress the reader with the fact that psychiatry is not something apart from medicine. Psychiatry is one of the specialties of medicine, and as such is a biological as well as a social problem. The relationship between psychiatry and general medicine has experienced a striking growth during the last few years. The keen interest in the possibilities and the advantages of giving over to psychiatry an increasing number of hours in the medical-school curriculum is not without significance. In three years the number of hours given to the teaching of psychiatry in one of our large medical colleges has increased from 10 to 125.

During the present century there have been organized in various parts of this country psychiatric centers in close proximity to or as integral parts of general hospitals. The bringing into a closer relationship of psychiatry and general medicine, together with the teamwork of psychiatrists, internists, surgeons, pediatricians, and others, is bound to have a mutual effect to the advantage of all concerned, including the individual patient. Prominent gastroenterologists have stated that 50 per cent of their cases are functional rather than organic. Discerning internists recognize that there is an element of psychiatric significance present in a not inconsiderable number of patients who are suffering from one or another type of organic disease.

William Mayo,¹ of Rochester, Minnesota, makes the statement:

"We cannot blind ourselves to the fact that functional nervous conditions may closely mimic physical conditions. Neurasthenia, psychasthenia, hysteria, and allied neuroses are the causes of more human misery than tuberculosis or cancer."

Experience shows that there are admitted daily to the wards of our general hospitals patients presenting physical complaints that have their roots in emotional conflicts. There are other patients in the wards of general hospitals who, although suffering from a definite organic disease, exhibit other superimposed symptoms referable to some emotional problem. A third group of patients presents a mixture of symptoms arising both from a definite organic condition and from an obvious psychological impasse.

Focal Infections and Mental Disorders.—Popular attention has been directed from time to time in recent years to the relationship between chronic infections and mental disorders, and particularly to the use of this approach as a means of treatment.

L. C. Bruce, in 1906, brought out the theory of the relation of chronic infections to mental disorders in his book, *Studies in Clinical Psychiatry*.² The problem was further studied by Cotton, and his theories and some of his conclusions were

¹"The Medical Profession and the Public," by W. J. Mayo, M.D. *Journal of the American Medical Association*, Vol. 76, pp. 921-25, April 2, 1921.

²London: The Macmillan Company.

published in 1921 in his book, *The Defective, Delinquent, and Insane*¹ and in other publications. According to Cotton, the causes of the so-called functional psychoses are—among other things, such as heredity, environment, and emotional conflicts—intra-cerebral, biochemical cellular disturbances arising from foci of chronic infection. Although Cotton has made claims, considered extravagant by many, of a high recovery rate after treatment directed at obviating foci of infection, his work has not been substantiated by others, especially by Kopeloff and Cheney,² who, in a study of 27 cases showing mental disease such as dementia praecox and other psychotic reactions, found “that the removal of infected tonsils and teeth has been followed by no more mental benefit than was shown by a comparable group of 33 patients from whom such supposed foci of infection were not removed. There were no recoveries or distinct improvements other than those prognosticated irrespective of focal infection.”

Irrespective of the merits or faults of Cotton's technique or observations on the outcome of treatment, nevertheless his work has opened up a field in psychiatry that well deserves further attention and carefully controlled research.

The Cause and Treatment of General Paralysis.—One of the most dramatic advances in psychiatry has been the discovery of the cause and the development of a form of treatment of general paralysis.

Although the general relationship of general paralysis to syphilis had long been suspected, syphilis as a causative factor was not established until Noguchi and Moore³ demonstrated the spirocheta pallida in the brains of 12 cases of general paralysis out of 72 examined.

Although the etiological factor became definitely known in 1913, nevertheless, despite the development of the use of various arsenical preparations and their reasonably satisfactory therapeutic results in most forms of syphilis, general

¹ Princeton: Princeton University Press, 1921.

² “Studies in Focal Infection: Its Presence and Elimination in the Functional Psychoses,” by N. Kopeloff, M.D., and C. O. Cheney, M.D. *American Journal of Psychiatry*, Vol. 2, pp. 139–56, October, 1922.

³ “Demonstration of Treponema Pallidum in the Brain in Cases of General Paralysis,” by Hideyo Noguchi, M.D., and J. W. Moore, M.D. *Journal of Experimental Medicine*, Vol. 17, pp. 232–38, February, 1913.

paralysis resisted all attempts at therapeusis until the introduction of malaria therapy. Rarely, if ever, did any recover. In 1917 Wagner von Jauregg¹ inoculated some parietic patients with malaria. The effect of this treatment in the earlier cases was favorable. He continued this form of treatment in 1919 on a large scale, and since then he has utilized it continuously. The New York State Psychiatric Institute and Hospital has done much research on malaria therapy in general paralysis, and it is largely through the work of Kirby² and his associates that malaria therapy has been established on a sound basis in this country. A recent publication by Hinsie and Blalock³ shows that of 197 patients with general paralysis treated at the New York State Psychiatric Institute from July, 1923, to July, 1926, 22.3 per cent had, in 1930, attained a complete remission of all mental symptoms.

In a recent summary of the literature, Bunker⁴ found that of 2,460 malaria-treated cases of general paralysis, a full remission occurred in about 27 per cent and an incomplete remission—i.e., an improvement of symptoms—in an additional 26 per cent.

The general use of malaria therapy in the treatment of general paralysis in the New York State hospitals began in 1925. The value of this form of therapy in general paralysis is signified by the fact that the average rate of recovered, improved, and much improved discharges, from the New York State hospitals, with a diagnosis of general paralysis, was 11.5 per cent for the five years preceding 1925 and 23 per cent for the five years following 1925.

Tryparsamide, introduced by Jacobs and Heideberger⁵ in

¹ See "The Treatment of General Paresis by Inoculation of Malaria," by Wagner von Jauregg, M.D. *Journal of Nervous and Mental Disease*, Vol. 55, pp. 369-75, May, 1922.

² See "Treatment of General Paralysis by Inoculation with Malaria," by George H. Kirby, M.D., and Henry A. Bunker, M.D. *Journal of the American Medical Association*, Vol. 84, pp. 563-68, February 21, 1925.

³ "Résumé of Malaria Treatment of General Paralysis," by L. E. Hinsie, M.D., and J. B. Blalock, M.D. To be published in the *American Journal of Psychiatry*.

⁴ See "Recent Methods in the Treatment of General Paralysis," by Henry A. Bunker, M.D. *American Journal of Psychiatry*, Vol. 8, pp. 681-94, January, 1929.

⁵ See "Chemotherapy of Trypanosome and Spirochete Infections," by W. A. Jacobs and M. Heideberger. *Journal of Experimental Medicine*, Vol. 30, pp. 411-16, November, 1919.

1919, has also proved of distinct value in the treatment of general paralysis. Bunker, from a recent summary of the literature on this form of treatment of general paralysis,¹ states that of 542 tryparsamide-treated cases of general paralysis, full remission of mental symptoms and restoration of the patient to approximately his former status occurred in about 35 per cent.

SUMMARY

In conclusion, we wish to emphasize that by far the greater part of our present-day methods of study, scientific data, and therapeutic measures have been developed during the present century. Probably the most outstanding, though the least dramatic feature of psychiatric development has been its closer and closer integration with medicine and biology. Out of this relationship, which is bound to be a fundamentally sound one, will undoubtedly come new and unpredictable findings. With the newer developments of chemistry, changing concepts of heredity, studies in constitution, and perfected methods of investigating psychological mechanisms, there is a wide field open to scientific investigation.

One of the most striking advancements in psychiatry has been the development of a relatively successful method for the treatment of general paralysis. Further research is needed here, however, in order to explain what factor or factors are operative and what mechanism is involved in the recovery process. Such information may furnish us with leads for the treatment of other types of mental diseases or even certain disease entities not related to the central nervous system.

On the psychological side, the development of a means of evaluating intelligence that has proven itself of practical value must be regarded as a significant contribution. The development of the psychoanalytic theories of Freud, Jung, and Adler, although *in toto* not acceptable to all investigators, nevertheless have influenced psychiatric thought and psychologic interpretation and in many respects are entitled to be regarded as important contributions and to furnish at least an hypothesis that is open to investigation. These psychoanalytic theories, together with the intensely practical

¹ See note 4, page 20.

psychobiology of Meyer, have provided for the first time an efficacious method of psychiatric treatment.

It is a question how important were the earlier studies on the heredity of mental disease and mental deficiency. Of late it appears that at least some of such information was misinformation. It is hoped that with a better understanding of mental conditions themselves, and a more comprehensive biological attitude toward heredity, we shall soon be able to make more dependable studies of this important aspect of the problem.

As for the future, if the contributions of the past quarter century to psychiatry may be considered in any way to portend future developments, we may hope to see a psychiatry free from undesirable pluralistic theories, which attempt to deal with psyche, soma, and environment as separate and distinct entities in the life stream of human individuals.

THE HOME BACKGROUND OF THE PUPIL *

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TEACHERS should remember that in their efforts to educate the child the parent will beat them every time. This would be a joke if teachers were unimportant and parents impeccable. But as matters stand, we are turning out highly trained and excellent teachers, whereas there is no registration for parents, and in many cases their capacity to bring up children is so negligible as to be a danger to the state. In this contest of divergent wills and conflicting interests, the teacher must do his best. A teacher may, of course, take refuge in the plain teaching of Greek and trigonometry, a sphere that the parent cannot touch. But the true educationist must realize that his task is often to try to undo, after the age of five, the harm that has been done the child in the first five most impressionable years of his life.

The first thing he must teach is that life is trustworthy. An incalculable parent may have already taught his child that life is incalculable and that evasion and escape are the policy of safety. The teacher can correct this idea only by being himself entirely trustworthy, completely even in temper, and scrupulously fair.

Secondly, there is the child whose father is always saying, "Tommy'll never get anywhere if he doesn't work harder. At his age I had to work," etc., etc. Although there may be no visible sign of it, this attitude leaves a pessimistic background in the child's mind. The teacher must correct this by teaching that life is on the whole a good proposition and that its challenge is worth facing. Some of these children never realize that effort is worth while; others are stimulated

* Read at the British Commonwealth Conference on Education, held in London, July 24-30, 1931. The paper is also appearing in the official report of the Conference, *Education in a Changing Commonwealth*, published by the New Education Fellowship.

to a driven, pertinacious conscientiousness in their work, and live in duty-doing anxiety. The teacher is then terribly tempted to exploit their industry. He should realize, however, that his first duty to these children is not to get them through the school certificate, but to cure them of their fear.

Next we have the child who will not work except for a prize. By the age of five certain children are capable of establishing a work habit only in the hope of personal gain. These children almost always come from competitive, materialistic, egotistical homes. There is not enough in them to be gripped by the team spirit, and for this, not they, but their background, must be blamed.

Last and commonest of the teacher's problems is the over-mothered child. To him no effort is worth while. He has found all his life that invalidism, incapacity, assumed shyness, diffidence, pay. His self-confidence is nil, for he sees that any effort on his part tends to come between him and the Nirvana of his mother's spoiling. He must be taught self-realization, the need for individual effort and independence. It is easy to snub such a child, but snubbing is not a suitable antidote to the poison of an over-solicitous parent. For the essence of a snub is: "You have no value." Whereas the child must learn that he can attain value in other ways than by assuming incapacity.

There is another difficulty that the teacher has to face—that of substituting a contributive attitude for a competitive one. The team spirit signifies the limitation of personal freedom in the interests of the community, a wholesome and useful lesson. But children often hear a spurious and cheap interpretation of personal freedom boasted in the home—the attitude of "I know my rights. Nobody's going to put upon me!" This is confusing to a child, who finds himself far from free. He is continually told what to do, corrected, and criticized. His every privilege has to be asked for "nicely." It is difficult, then, for him to realize that true freedom consists in being able to choose a personal purpose and in having the opportunity to pursue it.

The teacher has two standards to attain: one objective—examination results; the other subjective—culture. He cannot scrap the examination system, but he must infuse a maximum of culture, of that intangible something that never

pays. This requires that many parents should be made to value culture more than they do at present. Here parent-teacher coöperation is of the highest importance. For only culture can make us spiritually and intellectually independent. Nothing utilitarian ultimately furthers this independence, freeing us from the need of meretricious external stimuli and enabling us to live a life of our own.

In modern education there must be room for things that are not objective, things difficult to mark, that will never gain a "credit" in a public examination. We have been frightened to let children dream, lest they "make dreams" their "master." To some children school is a nightmare because dreaming is accounted a waste of time and a naughtiness. It is true that to some children dreaming is merely compensatory or regressive, but to the finer spirits this harrying from contemplation is a very real loss. The materialistic parent cannot realize that "to travel hopefully is a better thing than to arrive," that "the true success is to labor." They must be weaned from the great pagan fallacy that "those who do not reach Eldorado have failed."

The teacher must also realize that the mating destiny of his pupils is deeply his concern. This is particularly true of children who come from discordant homes, growing up with a caricature and nightmare of marriage and home life in front of them. If these children confide in the teacher, he must remember that the attitude he assumes toward their problems is going to be a basis of faith to them in later life. It is up to him to help the child to go forward believing in something better than he has known.

Finally the teacher is bound to help the child in its adjustment to the Infinite, in its basic philosophic attitude. Much Scripture teaching avoids the wider philosophic issues and concentrates upon details of biblical history. But the true educationist must teach the child something progressive and personal in philosophic life values. He must help children to meet with triumph, but his greater business is to teach them to meet with disaster. He cannot repress the whole challenge of life on the side of pain and suffering.

In summary, the child must learn to make contribution without compulsion, to enjoy freedom without license, and to find serenity without complacency.

MENTAL HYGIENE IN THE SCHOOL *

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FOREWORD

THE article by Dr. Burnham that follows is reprinted in MENTAL HYGIENE at this time because of its current interest and historical value and also as a tribute to him in connection with the celebration of his seventy-sixth birthday, which was held in December, 1931, in Worcester, Massachusetts. At the celebration, a bound volume of letters of appreciation from his many friends and former associates was presented to him. The letter contributed by Clifford W. Beers is quoted herewith because it tells in an interesting and intimate way why Dr. Burnham's address, *Mental Hygiene in the School*, is again published.

November 16, 1931.

DEAR PROFESSOR BURNHAM:

I am in a quandary. Shall I send you a conventional message of congratulation on your 76th birthday or shall I, even at the risk of seeming immodest, include a reference to myself and my work and so make it possible to pay you a deserved tribute? What follows indicates my decision—one, I may say, easily reached when I think of what you said about me and my autobiography in your great work, *The Normal Mind*.

Though it became my privilege to found the mental-hygiene movement, and though mental hygiene for the normal was included "between the lines" in the original program of work of The National Committee for Mental Hygiene, you were the first one, so far as I know, to interpret the movement on its positive side. This you did in your classic address on "Mental Hygiene in the School," delivered at the Fifteenth International Congress on Hygiene and Demography, held in September, 1912, at Washington. Though written nearly twenty years ago and at a time when those of us in charge of the active work of the National Committee were thinking exclusively in terms of improved care and treatment for the insane, your address reads to-day as if it had been written yesterday. At my suggestion, and as part of the celebration of your coming birthday, it will be reprinted in the forthcoming January

* Reprinted from the *Transactions of the Fifteenth International Congress on Hygiene and Demography*, Vol. III, Part I, pp. 209-16.

issue of our quarterly magazine, MENTAL HYGIENE, with an Editor's Note which will tell why it is again brought to light.

You are a young fellow yet. My father lived to be ninety, in full possession of his faculties until the end. I suspect he read your writings and thus kept himself mentally fit!

With all good wishes and affectionate regards,

Sincerely yours,

CLIFFORD W. BEERS

During the last twenty-five years the hygienic conditions of almost every industrial occupation have been studied. It is not strange, perhaps, but rather in accordance with the natural evolution of science, that the occupation of the brain worker, especially in the public schools, should be among the last to receive such special investigation. It was only a little more than twenty years ago, at the London Congress of Hygiene and Demography, 1891, that Burgerstein reported his classic investigation on the curve of work for a school period of one hour. And it was only four years ago that the first book (Huey's) on the psychology, pedagogy, and hygiene of reading was published.

The importance of the subject, however—which is suggested by the fact that in this country alone some 18,000,000¹ of children are engaged in school occupations during a large part of the year—has been recognized, and many scientific studies relating to it have recently been made.

We are coming to see that the mental condition, or mental environment—a subtle, but definite thing we attempt to describe by such words as mood, temperament, emotional type, mental attitude, sthenic index, *Einstellung*—is quite as important for the health and efficiency of the individual as the external environment. This mental environment, as we have called it, conditions not only the nervous and mental activity, but also, in an important way, digestion, secretion, and the trophic functions in general. Both directly and indirectly, it affects the mental health. All this, however, is vague and indefinite. It suggests, perhaps, all sorts of fads and vagaries; and, in the minds of many people, the whole subject of mental hygiene means merely a mixture of whims, superstitions, mystical formulæ, and occult proc-

¹ To-day (1931) there are many millions more.

esses. Modern studies of the brain and mind, however, have yielded results that have at least formed a solid foundation for a scientific mental hygiene.

The chief results have come from four sources: (1) the physiological studies of the conditions of intellectual activity and feeling—a long series of investigations, from Mosso's early work on the cerebral conditions of mental activity to the recent studies by Cannon and others of the correlation of adrenal secretion and feeling; (2) recent studies in psychiatry; (3) recent experimental studies in psychology and pedagogy; and (4) recent genetic studies, of physiological and psychological age, and the like, among school children and defectives. On these results, which there is not time to mention here, a new application of hygiene, the hygiene of instruction, has developed.

Mental hygiene has clearly stated the problem of the hygiene of instruction, and it challenges every subject of instruction, every method and device, and even every pedagogical principle. It emphasizes the fact that, besides the direct pedagogical results of the study of any subject, there are also certain secondary results, and it notes the significance of these for health. Many examples of such secondary results might be cited—habits, attitudes, neuroses, arrests, important both for efficiency and health.

Efficiency in mental activity at any given time depends upon many conditions, both physiological and psychological. Among the former are physiological age; the blood supply to the brain, as determined by the general nutrition, the size of the cerebral arteries, exercises, posture, etc.; the quality of the blood, as determined by food, drugs, oxygen supply, etc.; the condition of the tissues and metabolism, as determined by the environment, temperature, humidity, barometric pressure, light, peripheral stimulation, etc. Among the latter, the psychological conditions, are the feeling tone, as determined by the condition of the nerve centers, internal secretions, etc.; habits of work, of sleep, of attention, interest and association and self-control, reaction to feeling, etc.

To attempt to determine the conditions of healthful mental activity is an exceedingly complex problem, but here psychology comes to our aid, and, while noting the extreme

complexity of the psychic processes in the active, thinking individual, it shows certain unifying laws and suggests the fundamental principles of a sound mental hygiene. Some of these may be formulated tentatively, and in the briefest and most general way, as follows:

1. Perhaps the most primitive and fundamental mental function is attention. It has aptly been compared to the tropisms in plants and animals. While structurally it means clearness, genetically and functionally it means a reaction of the organism comparable to the tropisms. The most primitive and natural form of attention is a reaction to certain immediate stimuli, to the present situation. The type of healthful attention everywhere is attention to the present situation. The ability to concentrate on the present, forgetting the past, except so far as vitally related to the present, and ignoring the future, except as it forms a part of the present, is so important for mental health that the degree in which one can concentrate upon the present is a test of mental health and sanity.

In the case of children, especially, the normal mental attitude is that of attention to the present situation. We all know how quickly the emotions of childhood pass, how brief are the child's sorrows, how few its anxieties, unless there is some abnormal training or chronic pathological neurosis. In other words, the carelessness of children that we complain of is usually one of the marks of sanity. Clouston, in his *Neuroses of Development*, notes the reverse of this as one of the symptoms that may lead one to anticipate adolescent insanity.

2. The second fundamental thing in psychology is the law of association, a law in the mental world comparable, as pointed out by Zanotti and Hume, to the law of gravitation in the physical world. The corresponding principle of mental hygiene is the need of orderly association in our thinking for the integrity of the mental health. Conversely, perhaps the most general term for whatever menaces the mental health is, in psychological words, interference of association. What is meant might be illustrated by innumerable experiences of everyday life.

Many people are never straightforward and orderly in

their processes of thought. They are always thinking of two things at once, or, if one subject hold the focus of attention, other things are in the background or indirect field of consciousness, and liable always to interfere and cause distraction.

All of us at times experience this. Waiting for an important engagement, a forgotten duty, uncertainty about a verdict, unfaithfulness to an ideal, and the like, are occasions for it; and every individual in the stress of circumstance, from the collapsing financier to the rattled baseball player, furnishes illustration.

Many laboratory experiments, especially those on the acquisition of skill, and those by the so-called *Diagnostische Assoziations-methode*, give noteworthy examples.

In normal subjects, the association reaction time is usually pretty uniform; only occasionally is there a disturbance that causes a lengthening of the time. In the case of abnormal subjects, the response is frequently delayed so that the curves representing the association reaction times are irregular. Again, it is found that in normal persons, in the case of emotional disturbances, the association reaction time is likely to be lengthened. If a person has committed a theft, associations connected with that show an abnormal reaction time. Again, in cases of hysterical disorder caused, perhaps, by psychic shock or the like, associations connected with the disturbing complex of ideas show a greatly lengthened reaction time. Especially significant is the fact that associations connected with one's own family, wherever any unnatural or abnormal conditions exist, are likely to show lengthened time. From a normal reaction time of, perhaps, one or two seconds, sometimes the time is lengthened to four, or six, or ten, or more seconds.

The great waste that results from such interference of association is shown first by this great loss of time. In all cases where the reaction is thus retarded by feeling, we have pretty clearly interference of association. And, on the other hand, interference of association is pretty sure to be correlated with feeling.

The extreme form of interference of association and worry is well illustrated by the so-called obsessions. These are in

great variety, from obsessions in regard to one's physical health or one's soul's salvation to the slight temporary obsessions where a nonsense rhyme or an absurd image persists in consciousness. They may refer to the past or to the future, and whatever their content, they seem to be abnormal. Apparently, if one gets into the habit of such obsessions, whether from ill health or bad training, the victim is bound to have them in some form or another. Thus we often notice persons who must always have something to worry about. If it is not one thing, it is something else.

Wherever such interference of association occurs, especially if, as is usually the case, feeling is also present, we have an incipient form of worry, and this, in any form, is injurious to mental health. Hence, in all methods of teaching, and in the whole hygiene of instruction, care must be taken to avoid confusion or interference of association.

That orderly association is a matter of temperament, nervous condition, and training is shown by the fact that it is not dependent on the external environment, but rather on what may be called the mental situation or mental environment. The modern man often works with concentration and without interference of association under apparently most distracting circumstances, and what is distracting to one individual is not necessarily so to another. I know a man, for example, who often can do his best work, working naturally and without interference of association, while riding in the steam cars, or listening to the clicking of a telegraph instrument, or at a vaudeville performance—in fact, almost anywhere, in spite of what would seem distracting sights and sounds, provided he feels no responsibility in regard to them. But this same individual, being imperfectly trained, is often the victim of interference of association while working in his own office, because of the feeling of responsibility for many duties.

Interference of association is not likely to occur in a child's spontaneous mental activity. It is only when we attempt to develop the so-called power of voluntary attention, which is really imperfect attention, that interference occurs. Under present conditions, with the lock step of the drill squad, with the wasted years of the retarded children, the pupils are

sure to leave the schools with bad habits of attention and disorderly association. The schools might give a training that would prepare for the activities of life by developing healthful habits.

3. The third great principle of mental hygiene is that of normal reaction to feeling and emotion. The tremendous importance of the emotional life to mental health has now been recognized; but only recently have the subtle, far-reaching effects of abnormal repression of feeling been shown. Repression of an emotional impulse to react disorganizes, disintegrates, and demoralizes. The repressed emotion must find an outlet in some way. All sorts of bizarre and abnormal expressions of feeling are reported by scientific observers in psychiatry.

Now, there are two general forms of reaction to feeling—the obvious natural physical reaction, on the one hand, and a secondary associated psychic reaction on the other. Within certain limits, both are natural and normal, as is made clear by many examples. For example, if my neighbor insults me without provocation, a natural form of reaction may be to knock him down; or I may philosophize about it, and disdain to resort to violence; and this mental reaction may be just as normal as the physical expression of feeling. Thus the man who has many interests and many mental attitudes, as we may call them—that of the philosopher, the humorist, the psychologist, the philanthropist, and the like—has so many possible means of self-control and of normal reaction to feeling.

The work of education, culture, and morals is largely to train to these habits of secondary associated reaction on occasion of emotionally exciting situations. In all the social experiences of the school, large opportunity occurs for developing habits both of health and of morals.

4. The fourth fundamental principle of mental hygiene is the proper alternation of periods of work and of rest. According to some hygienists, this is the most important principle of nervous and mental hygiene, and both the work and the rest are essential conditions of health. We are not lacking for a solution of our problem by reducing our mental activity, or by making it less intense, or by cutting down

the expenditure of energy. Function, work, the explosion of energy, seem to be the condition of health everywhere. Work is a condition as essential to rest as rest is essential to work. Here should be considered the results of twenty-five years of investigation of fatigue; and recent studies of efficiency in the industrial world have shown this need of a proper alternation of work and rest. The principles of so-called scientific management are substantially the principles enunciated by scientific physiology and psychology twenty years ago; but the ordinary man is more ready to accept these principles when stated in terms of pig iron lifted than when applied to the operations of the counting room or the study. Alternation of work and rest is absolutely essential for both health and efficiency; but the most important applications of this principle are probably seen in the ebb and flow of normal attention when one works naturally and spontaneously in a subject in which one is interested, and in the proper balance between an individual's strength and the demands of his environment.

There is not time to speak in detail of the errors of the school in regard to methods that produce erroneous associations—the undue haste in requiring quick answers when a child's association reaction time is several seconds longer than that of the adult, the methods of repression that lead to inhibition of the will, and the like—but perhaps the one most serious fault of the school may be put in a general way by saying that it is apt to give work prematurely, or by a wrong method, and to discourage and depress, when both hygiene and pedagogy demand success, confidence, and cheerfulness.

A false pedagogy, built upon a superficial and obscure, but now largely obsolete psychology, is to blame for many unwise practices in the schools. We have exalted the value of doing disagreeable things in education; of exercising the so-called voluntary, but really imperfect attention; of doing important things at as early an age as possible; of remedying nature's defects by an all-around symmetrical training; and, in general, of doing what children do not like and are not well fitted to do. How common this practice is everybody knows. An account of what would seem to be the earliest

historic attempt at this method of training will be sufficient for illustration. I quote the report of Professor Dolbear:

"In antediluvian times, while the animal kingdom was being differentiated into swimmers, climbers, runners, and fliers, there was a school for the development of the animals.

"The theory of the school was that the best animals should be able to do one thing as well as another.

"If there was in a given animal an apparent aptitude for doing one thing and an apparent inaptitude for doing other things, the time and effort should be spent upon the latter rather than on the former.

"If an animal had short legs and good wings, attention should be devoted to running, so as to even up the qualities as far as possible.

"So the duck was kept waddling instead of swimming. The pelican was kept wagging his short wings in the attempt to fly. The eagle was made to run, and allowed to fly only for recreation, while maturing tadpoles were unmercifully geyed for being neither one thing nor another.

"All this in the name of education. Nature was not to be trusted, for individuals should be symmetrically developed and similar, for their own welfare as well as for the welfare of the community.

"The animals that would not submit to such training, but persisted in developing the best gifts they had, were dishonored and humiliated in many ways. They were stigmatized as being narrow-minded and specialists, and special difficulties were placed in their way when they attempted to ignore the theory of education recognized in the school.

"No one was allowed to graduate from the school unless he could climb, swim, run, and fly at certain prescribed rates, so it happened that the time wasted by the duck in the attempt to run had so hindered him from swimming that his swimming muscles had atrophied and he was hardly able to swim at all, and in addition he had been scolded, punished, and ill-treated in many ways so as to make his life a burden. He left school humiliated, and the ornithorhynchus could beat him both running and swimming. Indeed, the latter was awarded a prize in two departments.

"The eagle could make no headway in climbing to the top of a tree, and although he showed he could get there just the same, the performance was counted a demerit, since it had not been done in the prescribed way.

"An abnormal eel with large pectoral fins proved he could run, swim, climb trees, and fly a little. He was made valedictorian."

Ever since that day the opinion has grown that the school must reform children.

By all means let us reform children if we know how; but, in order to do so hygienically and morally, we must study the individual—physiological and psychological age, capabilities, habits, attitudes, and affective conditions of euphoria, dysphoria, and the like. Where we lack knowledge, it is well to let the matter alone. The importance of working spon-

taneously and with joy and success is emphasized by experimental studies of the learning process.

Dr. Book, for example, in the laboratory of experimental psychology at Clark University, studied the development of skill in the use of the typewriter. On the basis of this research he reports as follows:

"It is not what the learner would like to do, but what his mental and physical condition at the time of study or practice will let him do, that is important for determining his progress. The most economic learning would seem to demand that the learner work only when he can enjoy it and succeed—and to wait until he can."

Let no one make the mistake of supposing that the aim of school hygiene is to make school work easy. On the contrary, the aim is so to improve conditions that it can be made hard and that the pleasure that comes from intense and successful effort may be possible.

Such are some of the fundamental principles on which a sound hygiene of instruction must be based. The subject in its practical applications, however, can be built up only by careful experimental studies by many investigators, but the subject already has a definite basis, a definite aim, a set of definite problems, and is now devising methods of investigation. The results already obtained are not spectacular, but they are important. They cannot be presented without enumerating a mass of details, most of which have been condensed by Burgerstein into some 400 pages in the second edition of his *Handbuch*. But the great result is the new attitude toward the work of school instruction—an hygienic apperception, if you please, which does not ignore the secondary results of instruction and regards all educational processes from the hygienic point of view.

No one who reflects upon the fact that the patients in our hospitals and sanitariums were a few years ago pupils in the public schools, and on the further fact that in the schools, from four to six hours a day, five days in the week, for the period from six to fourteen or later, the children are engaged in brain work, in forming habits of attention or inattention, orderly or disorderly association, and developing interests healthful or unhealthful, can fail to see the significance of all this for hygiene. In fact, the very aim of the school is

to develop certain permanent interests. If the school is successful in this, it means the acquisition of certain permanent habits of orderly association, but, unfortunately, it often sadly fails in this.

In the latter half of the last century, a vast deal was written by physicians about over-pressure and injury to health in the schools. A good deal of over-pressure still exists in some places, but it is not my purpose now to lay stress on this. The charge against the school by the modern hygiene of instruction is not so much that the school directly injures the health of the children, but rather that it neglects the opportunity to foster health. Healthful habits of mental activity are not developed, and the pupils have to be reëducated in the reformatory, the hospital, and the sanitarium.

Parents and teachers alike are dissatisfied with the work of the school. They are wont to think lightly of what is gained in the way of conventional knowledge, but habits of mental health and efficiency, such as have been described, would be of inestimable value. Thus it is not without reason that students of education are beginning to demand a thorough reorganization of our schools on the basis of somatic and mental hygiene and genetic and experimental pedagogy.

ON BEING A PATIENT

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BEING a patient is a critical event in one's life. So much is this the case that many people use an appendix operation or an attack of pneumonia very much as the ancients used the reigns of their monarchs—as a reckoning point on which to base the calendar of life's experiences: "John was married three months after my gallstone attack," and so forth. It is because of its tense emotional accompaniments that illness is remembered so clearly. It is easy to see how so critical an episode might also magnify already existing emotional problems in such a way as to reveal the state of one's mental health. Some people are "regular babies" when they are sick because habits and tendencies that served them in childhood have not been sufficiently covered by later habits to be concealed in time of stress. Sickness is a time of threats—threats among other things to life, to one's job, to one's pleasures, to one's future wholeness. The callouses that form over our sore spots in times of health are worn down to a point where they no longer protect, and experiences that normally do not test us at all, in sickness bring out the weakness that is within us.

In passing through this critical period, there is probably nothing more important than mental health for the establishment of a smooth working relationship between the patient and his doctor. Both are at their best when prejudices and sensitivities are not allowed to interfere with the medical problem at hand, when each knows his rôle in the diagnostic and treatment drama, and, in addition, enough of the other fellow's part to avoid turning the act into a monologue. But it often happens that the interferences to a smooth relationship are so closely bound up with the patient's illness that they have to be dealt with by the doctor as a part of it. Every patient should keep in mind, therefore, that he is potentially a mental as well as a physical problem for his doctor.

Many patients have the misconception that when they go to a doctor, the full responsibility is the doctor's, to find out what is wrong and to furnish treatment. Often patients even withhold information and disguise their trouble on the assumption that it is the doctor's job to find it out if he can, or actually make his job harder so that they can get their money's worth of his effort. Such patients are not apt to get full value out of medical service. The treatment of sickness calls for the fullest helpfulness and coöperation on the part of both patient and doctor. The doctor cannot limit his attention to just that part of the body which is causing trouble. He has to deal with a patient, a whole, living human being, whose personality and outlook on life are the outgrowth of past and present joys, sorrows, hopes, successes, discontents, quarrels, and friendships. These things all influence the spirit in which the patient goes to his doctor, and the doctor must deal with them. Only with the patient's fullest help is this possible. The patient cannot be a mere onlooker; he must play an active part. His ability to do so depends very much on his mental health, and this phase of his health is tested and defects in it are brought to light because they influence his relation to his doctor and color not only his own, but the doctor's interpretation of his illness. This interpretation, commonly called the "diagnosis," is the chief guide to proper treatment, and, of course, the more it is clouded, the more treatment will suffer.

The responsibility for getting along with the doctor does not, of course, rest wholly on the patient. In many instances, it becomes one of the professional duties of the doctor to treat the mental problems that promise to interfere with speedy recovery. At the same time, since this does require more medical service, the patient must expect to shoulder the additional financial burden entailed by his "grouch" or stubbornness. Aside from this, patient and doctor have the same need for mutual consideration that any human contact demands. Both patient and doctor are mortals; they get tired, anxious, and impatient. Each has his family responsibilities and financial worries. The give and take must be on both sides. This requires in both a reasonable degree of mental health. *Each should have recovered from his past troubles to the extent that these have become valuable experi-*

ence to him. At least they should not obstruct and interfere with the achievement of a present useful aim or activity. That is mental hygiene in a nutshell.

There are a number of ways in which the doctor or the patient may fail to do his part. Popular misconceptions at times lead to a mistrust of the doctor's professional skill. The standards and criteria by which patients judge their doctors are very varied; his use or neglect of X-ray, display of instruments, or interference with some pet belief may make or break confidence. Again, the patient may be obsessed with the idea that the doctor's aim is to prolong the illness in order to increase his fee or to experiment for his own edification.

Another obstacle to the establishment of a satisfactory working relation between doctor and patient is terror of illness. Patients may do everything possible to hide the evidences of an illness that they fear they have. They may even instruct the doctor not to tell them if they have a certain dreaded condition.

Again, popular ideas as to the effects of certain drugs, of drugs in general, or even of medical practice in general often prevent the doctor from giving his best to the patient. These prejudices are sometimes closely bound up with religion. The various cults of mental healing have a grain of truth in that they recognize the presence of mental influences which all too often are ignored, but invariably they greatly exaggerate these considerations to the exclusion of the physical actualities, so that treatment is delayed until it is too late. In many cases they offer the refuge which the person who dreads physical disease is looking for.

Nor is antagonism to the doctor the only cause of trouble. Excess of fondness as well as of dislike impedes the physician in his attempt to give a patient the fullest service. This is one of the reasons why a doctor avoids treating his immediate family. Both effusive fondness and dislike interfere with the critical common sense of the patient in working with his doctor.

Some patients go to the doctor disguising with their complaints of illness or pain other problems with which they are faced. Illness is a convenient way of escaping from life's troubles; it is respectable; it relieves people of work, of re-

sponsibility, and of blame; and if the doctor can be convinced that an illness exists, full justification is found for the patient's shortcomings in meeting life's demands. An insignificant disorder may, under these conditions, provide the necessary way out; it is easily magnified, and such things as loss of appetite, which may or may not mean sickness, are more readily given the pessimistic outlook. This does not mean that the patient is essentially dishonest. These alibis are so much a part of human behavior that no one is without them. We make all sorts of excuses for things we are and things we do because we are more or less ignorant of the real reasons, and because there are several reasons from which we can choose. Without this capacity to ease life's knocks we would be in such a constant state of fear or "grouch" that there would be no living with us. But we must use this natural narcotic in moderation and not to our own detriment.

Since an understanding of the motives of the patient is so important in planning appropriate treatment, the patient should expect his doctor to "pry" into them. It is well known that an accident case or a war claim tends to prolong what in the beginning was a real illness, that payment of these claims tends to hasten recovery, and that some of these litigants set up all sorts of obstacles to the treatment of an illness for which they are receiving financial compensations. Some are just plain malingerers who are fully aware of their deception; others are not at all aware of the motive underlying the claim of illness. This unawareness is more especially true of those who, through illness, get protection, affection, attention, better food, and a host of other special considerations.

Just as the patient's mental health influences his relationship with his doctor, so also it determines his motive in seeking medical help. Most people go to a doctor because somewhere they are in discomfort and they want to be relieved. Some are satisfied to be merely relieved; others want to get rid of the cause; others are so afraid of sickness that they would rather not know the truth. Next to discomfort, the reason that most frequently sends people to a doctor is that they are anxious about their health. Why do they get anxious? We know that some people are worrisome and

others happy-go-lucky. Some people are afraid of cancer, others of tuberculosis, of heart disease, or of insanity. The reasons for these fears will be considered a little later. It is especially important to understand that they cannot be found in the organ that is complained of or, as a rule, in the nervous system. The explanation is usually found in the past and present troubles of the patient. The very things that the patient complains of may be born of these troubles. The man who fears cancer may be found to have had a parent or a brother similarly afflicted.

Entirely apart from the influence of a hidden motive, the patient's complaints may be accurately stated or quite faulty as to location or intensity. They may take on all sorts of values depending on the halo of life experiences that colors or illuminates them, and, like a mirage, they may appear to be miles away from where they actually are. The "easy fatigue and weakness" may not be in the muscles, as supposed, but in the boredom and disappointments of one's occupation. The doctor, therefore, cannot accept complaints at their face value, and the patient must expect to have them questioned.

Even supposing that a patient has come to his doctor for a *bona fide* reason and a very evident disorder, good mental health—i.e., his ability to deal with facts as they are—stands him in good stead. Treatment demands sacrifice, coöperation, the facing of unpleasant truths, the taking of family or friends into confidence, the reorganizing of daily life or work in such a way as to call upon the patient's power to meet life's problems. While some patients insist on remaining sick, others just as blindly insist on being well when they should be in bed or convalescing. In these things the mental health of the patient is called upon to augment his physical health, and this mental health, his ability to face life, may decide his failure or success in conquering his disorder.

When a patient interferes with treatment and fails to coöperate, it does not always mean that he wants to stay sick. He may have an unadulterated desire to be relieved of pain or to receive treatment for an existent disorder. Still, he is human, and the doctor has to advise, manipulate, and plan for him. In doing this the doctor occasionally exposes or runs counter to sensitivities that may not before have entered

the picture. If prejudice, fear, or other resistance to the doctor's stipulations are enough to detract from or to counterbalance the desire for treatment, the whole opportunity for success may be lost. One patient, previously entirely coöperative, gave up treatment with her doctor because she discovered that his wife was a sorority sister. She feared that news of the nature of her illness might be spread among her friends. In another case a doctor told a patient that he had a slight enlargement of the glands of the neck, meaning the lymph glands. This patient knew of only one gland in the neck—the thyroid—and was aware of the seriousness of disease of that gland. He left this doctor and broke off treatment because he felt that his condition was not being taken seriously enough.

Consequently, when a patient goes to a doctor, the reason that drives him there, the things that he complains of, the attitude that he takes toward his treatment, and the way he gets along with his doctor depend, not only upon his illness, but upon what sort of fellow he is, what he has been through in life, and how satisfactory the world is to him.

II.

We have already called attention to the way in which a patient's mental health may influence his complaint, both the symptoms he complains of and the loudness of his cry. There are various ways in which mental problems may thus express themselves. It is, of course, evident that unwise behavior may lead to physical disorder. Less obvious is the fact that emotions always have their physical side; for instance, they affect the action and secretion of the stomach. Physical discomforts may be magnified or overshadowed by one's cares, or real or sham disorders may take the place of worries. It is quite evident to any one who has lived with a bedridden patient that emotional difficulties tend to arise from this prolonged disorder entirely aside from any direct effect it may have on the brain. This tendency may even reach the point where discontent with service or attention entirely supplants the more evident physical burden. It may be worth while to look more closely at these metamorphoses between the physical and the mental.

Physical disorder frequently arises from, or is increased by, contrary attitudes on the part of the patient. The postponement of early treatment until a serious condition results shows how important life's perplexities are in the actual creation of physical problems. Much of the prevention and early treatment of venereal disease has to do with helping the individual to understand himself and order his life in a safer way. There is one instance on record in which a court case was successively cured of the same disease eight times, all to no avail because the real life problems that were just as much a cause as the germ were not touched. Similarly, early heart troubles demand more in the way of ordering the life of the patient and of overcoming fears and prejudices than in the way of measures designed to affect the heart directly. The real effectiveness of such ordering depends upon how healthy the patient is mentally. The tendency frequently is for the patient greatly to overdo the doctor's advice or else to disregard it or even do the opposite by way of convincing himself that he is not as badly off as the doctor thinks. Doctors have to study their patients as well as their patients' hearts, to determine how they are likely to respond and to tone their orders accordingly.

"Nervousness" is thought by many patients to be an affection of the nerves. As ordinarily used, however, the word applies to a condition in which there is no demonstrable disease or change in the nerves. Nervousness really includes those disturbances of equanimity, poise, and serenity which are emotional in nature and which are largely brought about by environmental influences, threats, and strains. True, these continued irritations are not without more remote effect, and serious organic diseases seem at times to result from these lapses of mental health. High blood pressure, goitre, ulcer of the stomach have on good grounds been in part attributed to disturbances in the emotional life of the patient. It is known for a fact that emotional disturbances affect blood pressure and the activity of the stomach, spleen, and intestines. Every one is aware of the effect of excitement on the speed of the heart and the contraction of the bladder. Many people vomit when faced with an especially upsetting experience. It is not generally realized that vital organs are affected by emotions; rather, the tendency is to lay the blame

for such disturbance on some local disease of the organ that is misbehaving. It is not necessary to go to such hidden sources as internal organs to see these changes that result from life's experiences. We can see them in the fixed lines of faces—lines indicating tensions, fears, and perplexities; there we have some record of a person's personality and experiences written permanently. And the face is not the only part of the body that responds in this way. Effects go so deep that very little is purely emotional or purely organic. Nervous disorders sometimes constitute a real danger when they make obscure a serious, but unobtrusive physical condition. The cry of "wolf" is not heeded. The treason of mental processes in the bodily economy and the dangers of poor mental hygiene thus may be as insidious and deadly as cancer.

It is common experience that emotional problems greatly influence the import of a physical disorder. The same degree of physical disorder may mean varying degrees of incapacitation or anxiety to different people. Their responses depend on their life circumstances at the time of the illness. Most of us pay little attention to the slight discomfort in our muscles and joints that we experience from time to time, especially after unusual exercise, though, of course, if these persist without apparent cause, it is a good thing to get the advice of a doctor. But the reaction is different in the case of the patient whose father had to have both legs amputated for a kind of gangrene. This patient cannot take a slight discomfort in his legs casually. To him it becomes a serious threat, causing him not only to spend much time and money in going from doctor to doctor, but to reject the simple treatment measures designed to relieve him. The trouble lies as much in his personal make-up as in his legs, but attention to his life problems is apt to alienate his confidence in the doctor, unless he is prepared to see the possible relationship. Often such patients go to libraries and "read up" on the suspected disorder. Sometimes they do themselves great harm and lose the benefit of early attention by rejecting a diagnosis and plan of treatment that disagree with their own fixed or distorted ideas. Thus a patient who is sure that she has cancer of the stomach because her father died of it may permit an ulcer to become greatly aggravated or even

cancerous. Compare the effect of the loss of his feet upon an editor and a policeman. The greater reaction of the latter would not be considered odd because its causes would be understandable. Yet they could not be understood merely in terms of feet, but only in terms of what the individual in question needs for security in life.

A great many fears and exaggerations of the importance of disease arise from our feelings of guilt. One of the most frequent causes is to be found in early sex activities, particularly masturbation, which quack literature has said will "get you if you don't watch out." When a new ache or eruption or visual difficulty appears, it is thought to be the promised goblin, is surrounded with all the dread born of regret and guilt, and is magnified a hundredfold. There is no formula that will tell how a certain life experience will affect a certain person. In any instance, the doctor must decide this through careful study. Only an individual examination designed to reveal one's personality development in relation to a given illness will bring out the connections.

It is a short step from the exaggeration of a minor complaint through intense emotional association to the creation of a complaint under similar conditions out of insignificant sensations or mistaken ideas of what is abnormal. Gurgling in the intestines, beating of the heart, elevations of cuticle surrounding the hairs on the skin—all have their say. Once a storm of emotion is aroused, of course the heart and digestive tract actually do misbehave and add conviction to fears. To many such conditions, as well as to others previously referred to, we apply the term "nervous," recognizing that there is something special about them not limited to the organ involved, something more general, a weakness in ourselves and our sensitiveness to the knocks of life. Thus we have nervous headaches, indigestion, diarrhoea, insomnia, heart trouble, speech disorder, and so forth.

Some of these so-called nervous disorders are merely the changes that take place in the heart, stomach, and intestines under excitement. When recognized as such, they cause us no concern. Others are not so easily explained. They are masquerades in socially acceptable form, serving to excuse, detract attention from, or otherwise soften our failures to solve life's problems. We recognize that when the problem

gets harder, the symptoms get worse. For the diagnosis of such disorders a full discussion of personal troubles is of far more help to the doctor than accurate descriptions of every little ache and pain.

People are apt to think that if a disorder is not an organic disease, it may then be considered "nervous," and *vice versa*. This is not a safe conclusion since often it is both; the mere finding of an ulcer of the stomach, for example, does not eliminate the personal elements that have been potent in the production of the ulcer and that must be considered in its treatment. Many of life's problems masquerade as nervous disorders in an attempt to reach a solution. Shortcomings due to illness are readily excused. People are willing to tolerate a nervous disorder, whereas they are impatient with the mere inability to get along; so the patient retains respectability, at the same time securing sympathy, attention, companionship, and a valid excuse for lack of accomplishment.

Nervous invalidism may serve its victim in other ways. The denials that accompany it often serve as an atonement for unethical conduct in some other phase of life. A problem is solved unethically because that seems the only way available. Then the illness compensates for the transgression. A man who had suffered from gonorrhea married without assuring himself of his recovery. The stomach complaints probably initiated by fear of having a diseased baby so preoccupied and punished him that the guilt of his offense was much relieved. Often, also, the invalidism saves face for its victim. It relieves him of doing many things that he would be forced to do otherwise. Sometimes people want to go to a doctor to discuss a personal problem or some physical problem about which they are sensitive, particularly difficulties in the sexual sphere. They create or seize upon a complaint that will give them an excuse to go in the hope that they will get help with their more distressing problems. If patients were to list the things that they blame for the troubles that send them to a doctor, they would have the key to the problems of life adjustment for which they need solutions.

There are, it is true, certain direct effects of physical illness upon the emotions and behavior of patients. These things are influenced in part by past experience, but the

mental or behavior problem may be largely the result of the physical condition. A delirium is the most clear-cut condition of this sort, but lesser effects appear in thyroid disorders and other toxic conditions. Even in cases of tuberculosis and diabetes, where no direct effect of the disease on the function of the nervous system in a way to affect character is evident, certain mental states are apt to be found. This is not surprising in view of the fact that life's demands and the privations of the disease are pretty constant factors.

A delirium may come to any one who is critically ill, but there is a type of physical condition that shows its influence particularly in the case of those whose mental health is uncertain. Disabling handicaps, such as crippling, blindness, and deafness, which put the victim at a disadvantage with his fellows, call heavily on his capacity for clear self-appraisal. The deaf are especially noted for their sensitiveness which often becomes a greater handicap than the deafness itself. The blind or crippled, particularly girls so afflicted, are apt to develop mental problems that completely overshadow the defect, and those who deal with such individuals find that a large part of their task lies in the building up of sound mental health and the creating of a morale that can stand against trials. The patient so burdened should expect his doctor to be not only an eye, ear, or leg doctor, but also one who knows the needs of the human being so well that he can tell how much he must prescribe for the patient personally in order to harmonize him and his handicap. The doctor who has saved his patient from dire infection by amputation of a leg has merely saved the patient from death. He has still to build up for that patient a new life, and the patient must not interpret this as undue personal interference or feel that he is entirely cured when his stump is healed. What is true of this extreme example is also true of any medical treatment that leaves the patient with a need to reorganize his life.

III

How do personal problems manage to fool a patient with their masquerades and unnerve him with empty threats? Do they really act so stealthily, or is the whole thing a hoax? In some cases, the patient is, of course, conscious of the

deception, but humans have a peculiar nature which allows them to distort the truth to a considerable degree without knowing it. We all know, for example, that no two people regard the same life problem in the same way. The situation may be serious to one and trivial to another. The difference lies in the individual's past experience and the way it has sensitized him to problems. [If, for example, a man's first public speech has gone off well, the second is less of a threat. On the other hand, initial failure may force him to seek a doctor's advice about a slight huskiness in his throat the next time he is to speak, and he goes away greatly relieved by the conservative advice to use his throat as little as possible.] It is important to realize that anxieties, prejudices, and other attitudes arise in the same way and greatly distort perspective and coöperation in medical treatment. Since these distortions arise from past experiences, the doctor sometimes cannot overcome an attitude obstructive to treatment without examining those past experiences for the causes of the obstacle. Often these crucial experiences which determine a present attitude are so far back in the past that they are not easily remembered. The prejudice, fear, or peculiar interest then appears inexplicable, and an attempt is made to attribute it to heredity or to some more mysterious or supernatural influence. If sensitivities that are built up in this way conform to custom, they are carried through life without trouble. Fears of mice and of snakes, for example, are so common with women that they are readily admitted. More peculiar sensitivities are apt to be hidden, disguised, and excused in various ways.

To realize how easily a really intelligent human being can fool himself, one has but to look at one's own daily behavior—one's response to advertising, one's political affiliations, or a host of other preferences. To understand how one fools oneself, one need only examine one's language. As an aid in modifying things to which he is sensitive, man has a special talent—his capacity to symbolize, a capacity that he alone has highly developed. His speech is full of symbolism, and his behavior is patterned in very much the same way. His speech is symbolic from the very beginning in that he makes sounds stand for things, but in addition to that it is figurative

as well. ~~By~~ twists of speech, he can mean the opposite of what he says, he can magnify or minimize, he can make one idea stand for another quite different, he can get around taboo and evade the truth without lying. When in his behavior these evasions get beyond his control and he cannot clearly distinguish reality, his mental health is impaired. In his speech he uses a peculiar figure called synecdoche, in which a part of something stands out so distinctly that it becomes equivalent to the whole. A farm hand, for example, is actually more than a hand. Similarly a patient may resort to metonymy, wherein something stands in place of its cause, and complain of indigestion because of "improper food," when not only the proper food is lacking, but the mother who prepared it and who meant guidance, safety, and love to the floundering adolescent. Food means much more in the life of that person than so many calories; it is a symbol of parental guidance and protection. Another peculiarity of speech is the simile or metaphor in which, because of certain similarities, one thing is likened to another. This same process takes place not only in speech, but in all our behavior, in what we term identification. There are identifications between people, so that a few points of similarity cause a belief in a total similarity. Identification of this sort is easiest between members of a family. The problems, achievements, and faults of one are the worries, joys, and disgraces of all. If a beloved brother dies of cancer, identification with the beloved brother carries with it the prospect of cancer. In a lesser degree, teachers, business associates, and persons in similar occupations incite this identification and all the threats that go with it. Because one truck driver had an attack of appendicitis, a fellow truck driver attributed slight abdominal discomfort to appendicitis, and blamed it on that which they had in common—the job. Such a fear is more apt to be assumed as past experience has further sensitized the person to the subject of his health.

Some patients get a definite solace in the punishment that comes with the belief that they may have the same illness that carried away a loved one, all the guilt of past neglect shown or wrongs done to that person being thereby assuaged in atonement; figuratively, they condemn themselves to a

similar fate. Guilt in this connection may be strengthened by guilt associated with earlier sex behavior, in connection with which threats of ill health and disease are associated. Expectation of the promised just deserts sometimes smolders for years, only to burst into flame as an anxiety when identification with some one who is really ill offers a threat.

People differ in their capacity for making believe. To some it is an easy matter to shut out reality and make their own wishes determine pretty much what portion of reality they will allow themselves to experience. A person of this type will resent very much the physician who tells him an unpleasant truth. His attitude is, "If I have tuberculosis, I don't want to know it." On the other hand, another person will "make a mountain out of a mole hill." Both minimizers and exaggerators get satisfaction from their method of dealing with their problem, and are no more aware of the distortion than is the party standpatter who lauds his own candidate to the sky while he scoffs at the opposition candidate. He gets satisfaction out of both attitudes. In rhetoric these distortions of fact are called "hyperbole." But hyperbolic thinking and acting are not limited to literary usage.

Another pattern whereby the patient's story varies from actual fact closely resembles hyperbole. The central point of the patient's story is true, but the embellishments are fictitious. A woman has been struck by her husband and goes to a doctor because she feels that this has injured her. But certain parts of the story are embarrassing to her, so she substitutes for these certain fictitious, emotionally indifferent conditions. She tells him that she fell and hurt herself. This is a conscious deception, but to lesser degrees such distortions commonly accompany the recital of any incident. Of course, the influence of suggestion on one's recital of an incident cannot be ignored. What a person in whom we have confidence says about our complaints and appearances may send us away happy or stampede us to a doctor. Again depending on past experience, we are more or less receptive to this form of suggestion, and our anxieties can be safely uprooted only through attention to these past sensitizing factors. This requires the greatest coöperation between doctor and patient, and a readiness on the part of the latter to accept these personal problems as a fit matter for attention.

IV

The value of having "confidence in your doctor" comes not from any effect this will have on a pill, but from the extent to which it will reveal the needs of the patient's personal life beyond the sphere covered by the pill. Often the location of a complaint is not the chief site of treatment. This is particularly true as the complaint is colored by and is the result of problems that may be miles away. The offending causes can be treated only where they are.

It is almost axiomatic that there is no possibility of considering the physical or the mental problems of human beings separately. There is such constant interaction between the two, and the possibility of such great variety of expression of either in terms of the other, that actually one is safe only in considering human behavior as a whole, and realizing the great variety of sources that may give rise to the same behavior. A "pain in the stomach" may really be normal intestinal activity, made to appear ominous by anxiety; it may be a gastrointestinal disorder fully sufficient to produce the pain complained of; or it may be that some bladder or other genito-urinary trouble so taxes the modesty of the patient that the nearest he can get to talking about it—at least at first—is his stomach. Many patients are disappointed because the doctor does not do his doctoring at the point where they feel their trouble to be. While it would be better if he explained why this is the case, the patient can understand, in general, that dislocation of symptoms from their source is quite common. It has been estimated that from 60 to 70 per cent of the troubles for which people go to doctors are due, not to disease or weakness of an organ, but to the fact that something is wrong with the patient's habit of living and outlook on life, or that his share of life's misfortunes has been excessive. At any rate, there is a close relationship between a patient's complaint and his personal life, and all sorts of peculiar things may happen to his idea of his health under such conditions.

It is evident that these ways of distorting are so unconscious and so universal that when they are used alone with illness, they cannot be considered a disgrace. These mental twists are no stigma. They represent attempts at solutions

of life's difficulties for which no other solutions are evident. The obligation of the patient lies chiefly in the direction of coöperation toward a healthier solution, one that will give the comfort without the handicap. This requires that the doctor be conversant both with the problems of organs and their behavior and with the life problems of people. There is no sharp dividing line between mental disease and normality; there is a difference only of degree. The evasions of reality and deviations from common-sense behavior that at one time are practiced in daily life without serious loss, at other times interfere with being a good patient, or, carried to an extreme, overshadow all else to the extent that they are called mental diseases.

V

It is apparent that if a patient is to get the full benefit of his relationship with his doctor, there are certain things that the doctor may legitimately expect of him or at least strive to develop within him. A patient should, first of all, talk freely. That does not mean that he should talk voluminously, for many patients jabber on without end, thereby monopolizing the conversation and escaping a discussion of questions that are hard to face. A patient may talk freely and yet quite briefly. Sometimes the only way by which a patient can reach this point of free expression is to lead up to it with more or less indifferent conversation, during which he eases himself gradually into difficult issues and also sizes up his doctor to find out whether free expression is going to help. Often, of course, patients cannot avoid shame and the fear of moral reproach on first contact with a physician; the physician being too similar to other humans to dispel these reactions, the patient should realize that shame has no value in a doctor's office. If the patient has doubts about his health, or fears or believes that a certain diagnosis or treatment is appropriate, he should make this fact known. Secret fears, especially of tuberculosis, syphilis, cancer, and heart trouble, are extremely common, and a patient must expect his doctor to try to find out why the fear arose in the beginning and why, perhaps, it is adhered to in spite of evidence to the contrary.

Many patients have a long record of medical service which

they completely conceal on going to a new doctor. Such experience may be a vital part of the case. It is an element that the doctor cannot detect by his physical examination; as a matter of fact, the interview with the doctor is actually as much an examination as the tapping of the chest. To conceal previous medical experience is as handicapping to good results as it would be to insist on wearing a sweater while the doctor uses his stethoscope. It may be taken as a general principle that the more a patient dislikes to discuss a certain point with his doctor, the more apt is that point to be important to the case. Shopping from doctor to doctor is usually either an escape from a doctor who is getting too "hot on the trail" of a factor to which the patient is sensitive, or else an indication that the personal elements in the disorder are being ignored by the doctor. If the patient rejects the doctor's professional decisions, he should clear the atmosphere for his next doctor by discussing this dissatisfaction and finding out the reasons for the lack of agreement. If the patient feels, against repeated advice, that a certain diagnosis or a certain treatment is appropriate, he should begin to suspect the motivation and nature of his complaint.

VI

One may read sufficiently between the above lines to realize that there are some very definite things that a patient should expect of his doctor. He should expect the doctor to give the time and attention necessary for an understanding of the case, and a sufficiently ready ear to make this understanding a well-rounded thing. He should expect his doctor to be a guide to health and not a judge, a moral critic, or a castigator. Rejection of a patient as a delinquent or a moral insolvent is not one of a doctor's functions. The patient should expect his doctor either to provide careful, adequate examination, or else to explain his inability to take the case on that basis.

A doctor cannot take the professional interest he should in his patient's life situation without appearing to inject, if not actually injecting, that human quality known as friendship. The great danger is that this may turn too much into social intimacy and unduly complicate the objectivity of both physician and patient. The patient should, nevertheless,

expect his doctor to be humanly friendly and interested in the things of life that he considers important.

So many patients go to a physician on the assumption that some "medicine" will turn the trick that doctors often succumb to this attitude and feel obliged to medicate even where medicine is unnecessary. In such instances, the recourse to a pill may block the more appropriate social or personal treatment that cannot be expressed in concrete substances. A patient may legitimately expect of his doctor a readiness to forego the medicinal approach when this is not indicated. With the planning of a more complex course of treatment than the pill, it is legitimately to be expected that the doctor may take the patient into his confidence, explain the treatment plan, and elicit his coöperation. Of course, where such explanation is prejudicial to success, the doctor must be expected to use wisdom rather than a set rule.

VII

The third character in the medical drama is the family. Its attitude toward the patient and toward the doctor involves all of the elements of past experience, mental health, and sensitization that affect the patient. The influence of the family becomes most evident where the patient is a child, and where the disorder may at times be largely, or even entirely, in the parental attitude. In this case the family may make a problem for the doctor, whereas without their interference a mentally and physically healthy child would have evolved. In any case the panic of acute illness in a family often results in acrimony, suspicions, and vacillations that only make matters worse and lay a groundwork for undue protectiveness and the prolongation of convalescence. Many so-called chronic invalids are suffering much more from diseased family relationships than from diseased internal organs. The family that has a prolonged illness in its midst becomes so involved in strained or distorted relationships that they need a doctor as much for the preservation of perspective and correct values as for the treatment of the patient.

Just as illness injects into one's life a change of habits, fears, and altered personal relationships, so does convales-

cence tax the patient with the necessity for standing on his two feet, earning, regaining his previous confidence in his physical integrity, giving up the luxuries of the sickroom, and seeing his family again become nonchalant about him. The more he has allowed himself to be unnecessarily invalided during his illness, the more difficult does his rehabilitation become; and the longer he prolongs his return to his responsibilities, the harder it is to come back and the greater will be the effects of his illness. There are three parties involved in convalescence—the doctor, the patient, and the family. Indeed there is in many cases a fourth—the nurse, whose functions partly combine those of doctor and those of family and who is subject in her relationships to the same difficulties and is under obligation to take the same precautions as the doctor and the family. Too often, after the doctor has pronounced the illness a thing of the past, the family insists on being protective, and the patient on being babied. Back to work and play by safe, but constantly and definitely progressive steps, is the best rule for dispelling the treacherous effulgence that turns an illness into a point of reckoning in life's calendar.

X

IS IT TO THE ADVANTAGE OF THE MENTAL HOSPITAL TO MAINTAIN A SCHOOL OF NURSING? *

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✓ THE question propounded by our title is a specific question and it could be answered just as specifically. The answer would be: It is. Such schools have been of incalculable benefit in the past, are now, and we believe ever shall be. This is not to say that they are anything but imperfect, and that they may not be modified with advantage. So also the whole scheme of nursing education may be modified, and the influence of psychiatry may contribute to this. There can be no doubt but that, in the future, psychiatry will have a much more important place in medical education and in medical practice than it has had in the past. All signs point to this. Nursing education and practice will surely advance in the same direction; in some respects, they may lead.

✓ In discussing schools of nursing in mental hospitals, the reference is necessarily almost entirely to public hospitals, most of them state hospitals. These furnish about 95 per cent of the hospital beds for mental cases, and with the exception of less than half a dozen privately supported corporate institutions, they are the only mental hospitals that maintain schools. In order that we may be oriented as to the immensity of the nursing problem presented by these hospitals, a few statistics will be helpful.

The American Medical Association list of hospitals shows 561 under the designation, "Hospitals for Nervous and Mental Diseases." Some of these receive patients that are neurological without psychiatric conditions. It is safe to say, however, that the overwhelming majority of the patients are psychiatric. The total number of beds in these hospitals is

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437,579, and it is predicted that by 1934, the number will reach a full half million. The public hospitals listed number 317, with 362,697 beds. These hospitals are federal, state, county, and city, and are all quite large, averaging 1,600 beds per hospital. The number they accommodate exceeds the number of beds in general hospitals by 60,000, and of all the hospital beds of every kind throughout the country, half are for psychiatric cases.

We must, in considering the nursing problem thus presented, discard the prevailing view that these hospitals are static. They are really active places. There is, indeed, a residuum of terminal cases, but many even of these require quite active nursing attention. The number of annual admissions is about 60,000. These patients present a great variety of conditions, both physical and mental, that require skilled nursing attention. There is returned to the communities each year a number equal to about 50 per cent of the admissions, about half of whom are fully restored and the remainder partially restored. These statistics compare favorably with those of many general hospitals. The death rate, with the consequent nursing tasks involved, is quite large, the number of deaths equaling about 30 per cent of the admissions.

✓ The situation presented to the hospital authorities is, therefore, a practical one. The main nursing issue that they are obliged to meet relates to the immediate task of furnishing adequate nursing attention for this great mass of distressed humanity. One can understand, therefore, and have some sympathy with what has been referred to as the "narrowness" of certain superintendents who are disposed to scrutinize very carefully the projects of nursing education presented to them, with a view to discerning what contribution they would be likely to make to this immediate task. It should be understood that students from general hospitals who are received at mental hospitals for two or three months are unable to contribute much to the psychiatric nursing of the patients. If they are senior students, as is usually the case, they can be of real help in the nursing of physical conditions in tractable patients. They also add to the number of intelligent persons available for attending to the personal wants

of many of the patients, and for guarding them from danger. It will not do, however, to trust them with the more difficult duties and tasks. As part of a program of general-nurse training, affiliations with general hospitals for psychiatric instruction of the students from these hospitals do offer some advantages to the mental hospitals that are to be cherished, but, owing to limitations of space, they cannot be further discussed at present.

- ✓ The establishment of schools of nursing in mental hospitals was resorted to, as in all other kinds of hospital, with the primary object of improving the personal care of the patients. This had always been a discouraging problem in these hospitals. It was difficult to rise even above the level of grossest stupidity and brutality. It was the subject of much thought and effort by the hospital physicians. Instruction by means of lectures and elementary lessons in nursing technique were attempted in various places. ✓ There was no organization, however, for systematic practical instruction and for practice under constant skilled supervision. Little progress was made.
- ✓ Eventually, the establishment of schools in the general hospitals led the way. Dr. Cowles, of the McLean Hospital, after several attempts to improve the hospital nursing service by means of instruction courses, felt that it would be necessary, in order to attract students, to provide a course that would prepare for a wider field than the hospital itself could furnish. He proceeded along the lines of the general-hospital schools, and succeeded in establishing a school that has now over one thousand graduates. ✓ This was in 1882, and it was the origin of the type of school that may now be found in most of the larger hospitals for mental disorders. It is hard, even in review, to see how the same advance in the nursing service of the hospitals could have been accomplished by any other form of educational development. The development has, indeed, been slow and attended with almost insuperable difficulties, which it is impossible to discuss adequately in a short paper. It should be realized, however, that the schools have grown from within the hospital, and up to this time there has been little or no help from outside. There has been no informed and trained body of nurses to look to for recruits for the service, or for organized support.

The public, too, has been without understanding of conditions and needs, and specific appropriations for nursing education in the hospitals have seldom been provided. There are still a few hospitals that are without schools, and most of the schools are inadequately organized and supported. Some hospitals, however, have very good schools and serve to demonstrate that if an earnest and strong effort is made to improve both the hospitals and the schools, a general advance of great significance and importance both to psychiatry and to psychiatric nursing can be made.

If the advantage to the mental hospital of maintaining a school of nursing can be determined by what has thus far been accomplished, the answer to the question I have been asked is plain and emphatic. Unless one has had an opportunity to observe conditions before and after the development of the schools, one can hardly appreciate how great the benefits are. This is also true of the general hospitals, as many of the older physicians and graduate nurses of these hospitals have testified.

My own experience in psychiatric-hospital work covers much of the period of the establishment and growth of the schools. As a recent graduate, I served in a hospital in which there was no school and no provision for instruction of the personal-service personnel. There were no organized services for the diagnosis and treatment of ordinary medical and surgical conditions, no nurses' charts and notes, no hydrotherapy nor other forms of physiotherapy, no separation of tuberculous cases. Patients were, in nearly every part of the hospital, locked in their sleeping rooms at night. Night attention consisted of a visit once an hour by a "night watch." Leather muffs, wristlets, belts, and anklets were used for restraint, and large quantities of sedative drugs were given. Patients were brought to the hospitals by constables and poor masters, instead of by nurses sent from the hospital, as is now the custom.

A few years later I watched the development of a school in a similar hospital, and the coincident advancement of the nursing and medical standards and services that followed. In one of my early rounds of that hospital, I visited a building from which nearly all the patients were employed in the

laundry. On one apparently empty ward an attendant met me and said that she was attending a patient who had pneumonia, but was getting better. A glance at the patient was enough to show that she was moribund, and she died before the end of the day. The first surgical operation that I saw in the hospital was performed by a member of the resident staff, with the patient laid on a few boards across tables, in a dormitory that had been cleared for the purpose, and without the help of a trained nurse. The transformation that has taken place in the hospitals is known to many of you, and is indicated by the question of one of the older managers of the hospital last referred to: "What has become of our old-time madhouse?"

At a large privately supported benevolent hospital, at which the standards were already above those that prevailed generally in the public hospitals, I have also had an opportunity to note the remarkable improvement in the nursing service and in the activity and standards of the hospital that accompanied the reorganization and development of a rather elementary system of instruction that had been introduced. I can, therefore, testify from personal observation that the advantage thus far gained by the mental hospitals from the establishment and maintenance of schools of nursing is so great that one can think of it as the widespread extension of Pinel's dramatic achievement of more than a century ago, when he struck off the chains of the insane in the hospitals of Paris and substituted what was then called "moral treatment."

I am unable to conceive of any other plan of nursing education, with shorter periods of instruction and practice, that would contribute as much to the maintenance and advancement of the nursing standards that now prevail in the best of the mental hospitals. It is possible that in the course of time, psychiatry will have such wide application, and its requirements will be so well understood, that joint courses of five years can be successfully established, leading perhaps to a special diploma. One would have to be very sanguine, however, to be able, from anything that has yet appeared, to feel confident that postgraduate courses of sufficient length to qualify for important duties and positions in psychiatric nursing

services, as well as in private practice, will ever attract enough general-hospital graduates to supply the demand. Before either satisfactory postgraduate courses or short courses for affiliating nurses can be given, there must be first-class hospitals, and first-class nursing services and teaching organizations in those hospitals.

✓ The main issue at the present time seems to be to bring to bear on the hospitals and their management a united effort to raise their standards, to obtain from the legislatures and the public special consideration of their nursing needs, and to secure the financial and moral support that have been so long denied for the further development of their nursing service and nursing education. To aim simply at securing a limited service from the hospitals for the purpose of giving short courses to students of general hospitals, without regard to the nursing standards and needs of the hospitals in which these courses are established, will, I feel sure, not get us very far.

✓ It is a mistake to regard psychiatric nursing as a limited specialty, like orthopedics or any other branch of medicine that is concerned almost solely with one or more parts of the human organism. Psychiatry is the branch of medicine that is concerned with the whole nature of man. It does not make a sharp dividing line between what is mental and what is physical. A sound mind *in* a sound body is no longer psychiatric language. ✓ Psychiatry deals with the functioning of the human organism as a whole, in its highest and most complete integration, as a person. In psychiatric nursing education this view must shape and pervade the whole course. To understand and administer scientifically and effectively to the organism functioning in this way, it is necessary to be informed also about its parts, and how disturbances in the parts affect the whole. ✓ In order to become a good psychiatric nurse, therefore, it is necessary that the student should, at the same time, become a good general nurse.

> It is evident that psychiatry must, in the future, have a large place in medical education and in medical practice. It is now recognized that at least 40 per cent of the patients in general practice present psychiatric problems in various proportions. Sixty per cent of the patients who consult physi-

cians for heart disturbances and for gastrointestinal complaints are said to present problems of this character. Nursing and nursing education must surely follow this lead.

→ The general-hospital wards and out-patient departments offer plenty of material that can be developed for psychiatric teaching. → Short courses can also be arranged in affiliation with good schools of nursing in hospitals for mental disorders. In this way the average nurse's ability to understand and deal intelligently with many psychiatric conditions can be greatly increased. For the more serious problems of psychiatric practice, and for psychiatric teachers and administrators, it will, however, always be necessary to look to nurses who have had a long training and experience in psychiatric hospitals.

→ It should be realized, also, that psychiatry is the strong framework of mental hygiene. It is now recognized that preventive medicine is inseparably linked with and dependent for its progress upon clinical medicine. This is correspondingly true as between clinical psychiatry and preventive psychiatry, which is the most substantial part of mental hygiene. To make headway in mental hygiene and in training for mental hygiene, therefore, efforts must be made to advance the service and educational standards of the psychiatric hospitals, which must be looked to as the most important resources in shaping all other developments.

→ The hope of the psychiatrist in regard to the nursing situation is that the nurses of America, through their organizations and individually, will take a hand in advancing the nursing of the half million psychiatric patients who, it is estimated, will be under hospital treatment in this country in 1934, knowing that in so doing they will be following the course that will most surely accomplish their own psychiatric and mental-hygiene aspirations.

PSYCHOANALYSIS AND MEDICINE *

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FOR about thirty years psychoanalysis—a theoretical concept of the personality, a precise and elaborately described method of psychologic research, and a therapy of mental disturbances—has been living a peculiar, isolated existence on the border line of medicine and of the natural sciences. This border-line existence has not been due entirely to the unreceptive attitude of medicine toward psychoanalysis, for psychoanalysis itself has also been undecided as to where it belongs. Many psychoanalysts, in fact, question whether psychoanalysis should not be considered a distinctive discipline, related to medicine, but essentially independent of it, just as archeology, though related to history, is nevertheless itself a self-sufficient science, or as paleontology is related to geology, but is different in its methods and purpose. Even those psychoanalysts who, like myself, are convinced that, so far as psychoanalysis is a therapy, it belongs to medicine, cannot overlook the fact that its subject matter, methods, and language are so different from those of medicine that its assimilation by medicine is especially difficult. Indeed, a clear decision as to the citizenship of this young empiric discipline in the realm of science is theoretically as well as practically a highly complicated and unsolved problem. Medicine aims within certain limits to understand the body as a physicochemical process. Psychoanalysis deals with psychologic facts and tries to influence psychologic processes by psychologic methods. Consequently, by definition, psychoanalysis would be excluded from medicine.

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Mental processes, however, belong to the characteristic manifestations of biologic systems and, as is generally known, influence such physiologic phenomena as weeping, blushing, or the secretion of the gastric juice. Furthermore, a number of diseases manifest themselves in the mental level as psychoses and psychoneuroses. Even after the cell physiology of the brain has been highly developed, it is not probable that physiologic or pharmacologic methods will be used to influence people's minds—for example, to persuade some one or to explain a mathematical thesis. In influencing pathologic mental processes, psychologic methods are used that are essentially similar to persuasion and to explanation. Probably the best method of influencing disturbances of psychologic nature will always be through psychologic means.

Nevertheless, to preserve the homogeneity of medicine, one might exclude psychologic methods even though their scientific and therapeutic value were acknowledged and regard psychology, pathopsychology, and their practical application, psychotherapy, as disciplines related to, but still lying outside of, medicine.

One must realize, however, that it is artificial to separate mental diseases from physical diseases, mental processes from physical processes. There is a permanent interrelation between them in reality. And in therapy one cannot always easily decide in which cases a psychologic and in which cases a physiologic approach is indicated. One cannot divide the individual into a body and a personality; the individual is a psychobiologic entity.

DEVELOPMENT OF PSYCHOANALYSIS

Psychoanalysis started within medicine as a therapeutic attempt to influence hysterical symptoms by psychologic means. Under the influence of Charcot's studies on hysteria and its relation to hypnotic phenomena, Freud and Breuer developed the method of cathartic hypnosis. They observed that patients in hypnosis could remember certain forgotten events in their past lives which had an intimate relation to their symptoms. This recollection in hypnosis was accompanied by outbursts of emotion and was usually followed by the disappearance of the symptoms. Freud soon gave up

the method of cathartic hypnosis and replaced it by the technic of free association. This technic supplied a more complete picture of the historical background of the symptoms and, apart from its therapeutic value, has yielded a deeper insight into human personality than was ever possible before. This method is responsible for the fact that psychoanalysis, two decades after it started as a modest therapeutic attempt to influence hysterical phenomena, developed a consistent theory of the personality.

The fundamental concept of the theory of the unconscious has deeply influenced all modern thinking. The discovery of the general dynamic effect of unconscious mental processes on overt behavior, which shows the limitations of the rational and conscious parts of the personality, has become so fundamental for the mental attitude of the educated man of the twentieth century that without it one cannot understand many of the products and manifestations of modern mental activities. It is not an exaggeration to compare the change in the attitude of man toward external reality that has resulted from this insight with the change that the system of Copernicus provoked four hundred years ago. The theory of the unconscious involves a new and sensible break in the anthropocentric attitude toward the external world. The system of Copernicus destroyed this anthropocentricity in the spatial cosmological sense, but man soon regained his anthropocentric attitude in a psychologic sense. That becomes especially clear if the doctrines of the rational philosophers of the seventeenth and eighteenth centuries, who put all their faith and hopes in the omnipotence of the cogitant intellect, are recalled. Instead of the earth the human mind became now the center of the universe. This started with the teaching of Descartes that nothing is certain except one's own thoughts, and this doctrine led in a cogent direct line to Kant's consistent anthropocentric thesis: The external world as we see it is dependent on the mind and its categories, which themselves are absolute and belong to the unchangeable structure of the mind. Psychoanalysis as a genetic theory now dethroned these new despots and monarchs of philosophic thinking, the Kantian categories, and considered them as products of adjustment to the physical environment.

The infant's mental processes are subject neither to the logical nor to the moral categories of Kant, and, what is even more important, in every one's, even in the adult's, unconscious personality there are mental processes which are not subject to the laws of logic. These processes—manifest, for example, in dreams—do not know the law of causality, only that of temporal sequence, and do not know such axioms as that the same thing cannot be at the same time in two different places. Briefly, rational thinking, as well as moral feelings and prescriptions, is a product of the adjustment of the organism to its environment, but does not determine entirely our thinking and behavior, and a dynamically powerful portion of mental life is neither rational—that is, adjusted to the external world—nor moral—that is, adjusted to the demands of the community. The rationally adjusted part of the personality in everybody is in steady conflict with the unadjusted layers. The means of eliminating the disturbing influence of unadjusted tendencies is a dynamic act called repression, by which the unadjusted mental forces are excluded from consciousness and become unconscious. Thus, human personality can be divided into two portions, the adjusted ego and the original and impersonal id, which is not yet synthesized into a harmonious unity and contains the different conflicting instinctual tendencies. In psychopathic personalities this conflict between the infantile and the adult portions of the personality is quantitatively greater, but qualitatively the same as in normal individuals. Thus mental disturbances, such as psychoneuroses and psychoses, can be understood as the more intensive and more overt manifestation of the unadjusted unconscious parts of the personality.

All these concepts are to-day not only generally accepted, but they have already become emotionally assimilated and, like the theory of evolution or the cosmological doctrine of the planetary systems, are now an integral part of modern thinking. The emotional consequence of this modified perspective is that man now feels himself more definitely to be only a small part of the universe. Because his belief in the absoluteness of his rational thinking has been broken, even this last claim to a special position in the world has

lost its foundation. Rational thinking can no longer be regarded as its own self-sufficient cause, unapproachable by further scientific research, but as a product of adjustment to the world, and it is not only not absolute, but is as relative as that birds fly and fishes swim. Our logical thinking is just as little the only possible form of thinking as flying is the only possible form of locomotion.

The scientific consequence of this new perspective is that psychology becomes relevant to the biologic sciences. Thinking is one of the functions of the biologic system, one means of orientation to the external world. The mental apparatus can be understood in the same way as the circulatory system, which in all its details is adjusted to the hydrodynamic problems that it has to solve. Similarly, the functions of the mental apparatus can be understood as adjustments to the problem of orientation to the environment. No teleologic philosophy is involved in this concept.

Thus definitely separated from philosophy, psychoanalytic psychology becomes a mechanical or, better, a dynamic science and describes the functions of the mental apparatus in terms of mechanisms or dynamisms. It studies in detail the development of the mind in all its phases during the difficult process of adjustment, which can be understood as a process that changes the unorganized, unsystematic, diffused manifestations of the infant's mind into the complicated system of the adult ego. It describes pathologic mental phenomena as due to the incomplete overcoming of early unadjusted periods and to a large extent it can even determine which phase of the development was unsuccessfully passed through, or, in other words, to which phases of the early development certain types of mentally disturbed individuals remain fixed.

This genetic and dynamic approach to the understanding of mental disturbances can be considered a decisive step in psychopathology. The psychodynamic approach makes possible the intelligent and systematic influencing of pathologic mental processes—that is to say, a causally oriented psychotherapy.

Psychotic and neurotic symptoms could be understood on the basis of the conflict just described between the infantile

remainders and the adult part of the personality. The chief difference between the neurosis and a psychosis is the extent to which the repressed unadjusted mental content breaks through into consciousness after overcoming the resistance of the repressive forces. This breaking through of the repressed contents is much more complete in the different forms of psychosis. In the end phases of schizophrenia, for example, one has the impression that the ego has given up all resistance and is dominated entirely by hallucinatory mental processes. In a psychosis even the very first adjustment of the ego breaks down; that is, the capacity of subordinating satisfactions of imagination to the evidences of sense perceptions. The consequence is a loss of orientation to the world. Of course, all the later achievements of development, such as esthetic and moral restrictions and inhibitions, also disappear in the psychosis. Psychosis thus can be considered as a flight from reality and from the adult form of existence back to childhood, to a happier time, in which phantasy prevails unhampered by actuality.

In the different forms of psychoneurosis the conflict between the two poles of the personality—between the conscious ego and the primitive id—is more manifest, since neither of them has a decisive victory. If the end phases of a psychosis be compared with a silent battlefield after all the soldiers on one side have been killed, a psychoneurosis is a battle still in progress. Psychoneurotic symptoms are partly manifestations of repressed tendencies and partly reactions of the ego against these tendencies.

In psychoneuroses the conscious ego has still the upper hand, although it does not succeed entirely in repressing the unconscious tendencies. The important fact which shows the partial control of the ego is that this unconscious mental content can appear in consciousness only in distorted forms. These distortions are the compromises between the two antagonistic forces in the mental apparatus; that is to say, they are a compromise between repressed and repressing forces. In these distorted forms the unconscious content can appear in consciousness without hurting the conscious personality.

Psychoneurosis and psychosis can be considered as dif-

ferent stages of the same mental process—that is, of the breaking through of the unconscious repressed, primitive part of personality. In a psychosis this process goes much further, for the difference between the conscious and the unconscious parts disappears and the unconscious dominates the whole personality, whereas in a neurosis the principal achievement of the later ego development—namely, the acceptance of reality—remains more or less intact, and the unconscious tendencies penetrate the ego only in isolated symptoms, which play the rôle of foreign bodies embedded in normal tissue. ✓

Apart from these results concerning the field of psychopathology, a certain type of dynamic manifestation of repressed mental forces has a special significance for internal medicine—the so-called hysterical dysfunctions and organ neuroses, in which unconscious psychic tendencies produce physical symptoms. The investigation of this field requires an intimate coöperation of internal medicine and psychoanalysis, and its greater part must be left to the future.

All these findings of psychoanalysis in the field of mental pathology have become integral parts of modern medical thinking, just as the fundamental concepts of the unconscious and of repression have penetrated contemporary thought. The theory of fixation to infantile attitudes and the increased tendency to regress to these early patterns of thinking and feeling as seen in psychoneurotics and psychotics belong to-day to the basic concepts of psychiatry. But also psychic mechanisms, such as rationalization and projection, which have been understood as means of solving the conflict between conscious ego and unacceptable wishes and tendencies, are so generally accepted and employed in psychiatry—indeed also in general thought or conversation—that the young student of medicine often does not even know their origination from the psychodynamic system of Sigmund Freud.

In addition to the explanation of these seemingly so senseless mental processes of the psychoneurotic and the insane, psychoanalysis has become the psychology of all kinds of irrational manifestations of the mind, such as errors of everyday life, free-phantasying, and especially the dream. It demonstrates that the apparent irrationality of all these

phenomena is inherent in the fact that as a result of the individual's development our adjusted rational thinking has grown away from the more primitive types of thinking which is especially clearly represented in our dream life. But if we relearn the primitive language of the mental life of our childhood, we are able to understand the psychologic meaning of our dreams.

RESISTANCE TO PSYCHOANALYSIS

I must confine myself to the fundamental results of the psychoanalytic psychology which have become or are becoming significant for medicine. Indeed, these results are by no means such that they explain the resistance to them, especially not the resistance in the medical world. On the contrary, just this kind of approach to the problems of mental life brings psychology nearer to the biologic sciences and severs its traditional connection with philosophy.

As a matter of fact, the resistance to psychoanalysis is a complex phenomenon, which has changed its nature during the thirty years since psychoanalysis began to disturb the habits of thinking and feeling of the scientific world and the general public. The first, chiefly emotionally tinged resistance was entirely due to certain special results of the new empirical and microscopically detailed study of mental life. The discovery of infantile sexuality especially and of some infantile and asocial, and consequently repressed, mental tendencies present in everybody's unconscious provoked a general rejection. These first manifestations of resistance have been so often and so well described that I feel no need to repeat them, especially as in the meantime these first reactions have lost their actuality. The world, in the last thirty years, has changed a great deal in its emotional and intellectual attitude, and in this change psychoanalysis has had its decent share. This first heroic period of psychoanalysis, in which it had to fight chiefly against emotional prejudices, is practically over. The Oedipus complex has found acceptance in the two most conservative places—in the Oxford Dictionary and in *Punch*. Psychoanalysts who still think that they have to awaken humanity from its indolent sleep are tilting against windmills.

The resistance has shifted gradually into the intellectual field. This intellectual form of resistance is based on inveterate habits of thinking and methods of investigation. It is no longer directed against the general or philosophic consequences of psychoanalysis, which have become generally assimilated by modern thinking. And, indeed, the resistance has disappeared in all fields except in the birthplace of psychoanalysis—that is, in the field of medical research and therapy. Psychoanalysis no longer needs to endeavor to be accepted as a theory of personality, but must seek to be accepted as a part of medicine, in spite of the fact that it is due to this new dynamic point of view that psychiatry has overcome its merely descriptive stage and has become an explanatory science.

Let us turn our attention now to this more serious intellectual form of resistance which is at work at present and which makes it so difficult for the medical world to orient itself finally toward psychoanalysis.

I have referred already to the gist of this resistance. Psychoanalysis deals with psychic phenomena and this brings quite a new element into medicine. It introduces a subject matter that cannot be expressed in terms of time and space and that threatens to disturb the homogeneity of medicine, which would prefer to deal exclusively with physicochemical facts and to employ chiefly experimental methods. The subject matter as well as the nature of psychoanalysis is apt to arouse the general distrust of the natural scientist against psychologic facts and methods. Thus the paradoxical situation arises that psychiatry, an acknowledged part of medicine, necessarily shares the fate of psychoanalysis in losing the respect of the rest of the medical world, since—especially here in America—it has assimilated so much from psychoanalysis.

The homogeneity of a science, the uniformity of the methods employed, are no doubt respectable postulates, but there are more important principles in scientific research. There *are* mental phenomena and they *are* interrelated with other biologic phenomena, and science cannot close its eyes to phenomena only because it cannot master them with the usual and tested methods. The subject matter is primary—

not the method. The method must be adjusted to the nature of the subject matter. Still, it is a common tendency of the mind, a kind of inertia of thinking, to force methods that have proved successful in one field on a new, but different field, instead of seeking for new and especially adjusted methods which the new field of phenomena requires. Had psychoanalysis been an experimental science, no resistance to it would have been offered by medicine. It would in this case probably have been accepted by medicine, but it would have had to abandon the investigation of the problems of personality. On the other hand, it is undeniable that distrust of psychologic method was well founded. Although psychology since the middle of the last century has claimed to be a non-philosophic discipline, up to Freud's appearance it could not produce results of an empirical nature adequate to dissipate the distrust against it. There has been no prospect that psychology will ever be able to disavow the pessimistic statement of Moebius of the "hopelessness of every psychology."

Indeed, to understand the personality of another individual requires methods in many aspects basically different from those employed in the natural sciences. Every empirical science consists in the refinement and systematic development of the methods of observation that one uses in everyday life. In every science we can use only the senses we actually possess, although we can increase their exactness and eliminate to some degree their defects. Psychoanalysis, in contrast to earlier psychologic methods, has simply refined and systematized the everyday methods used to understand other persons' mental situations.

This common-sense understanding is, however, a rather complex faculty. Its chief tool is a kind of identification with the other person—that is, a putting of one's self in the other person's mental situation. If you observe the movements of another, the expression of his face, the tone of his voice, and if you listen also to what he says, you get an idea of what is going on in his mind. This understanding is derived from the fact that the object of observation is a being similar to the observer—both are human personalities. This similarity between observer and the object of observation is quite essen-

tial and is existent only in the field of psychology. If you observe physical phenomena, such as the behavior of two spheres that move on a table, you are entirely limited to what you see and are absolutely unable to foretell what will happen in the next moment unless you have learned the nature of such rolling spheres through previous experiences. If you observe another person, then you also see external manifestations of his behavior, but at the same time you also know, from your own introspective experience, what you feel when you use the same means of presentation, the same facial expression, words, movements, as the observed person does. You understand the other person's motives because you know your own reaction in a similar situation. In psychologic observation the overt behavior of the observed object is supported by direct or introspective knowledge of one's own person.

The importance of this coexistence of objective and introspective observation in psychology cannot be stressed enough, not only because it is the basic difference between physical and psychologic disciplines, but also because this peculiarity is the only advantage of the psychologic observation over the physical examination, which, on the other hand, has a great number of advantages, the greatest of which is the possibility of experimentation. All psychologic methods that fail to recognize and exploit this one advantage of psychologic examination must necessarily remain of limited value in the investigation of human personality. I mention only experimental psychology and behaviorism. Both these methods have imitated the methods of experimental science and therefore either simply omitted to use and to develop the common-sense faculty of understanding other persons' mental processes or, as in the case of behaviorism, specifically refused to use this faculty. The pre-scientific man indeed extended the use of psychologic interpretation even into the inanimate world and saw the wrath of God behind thunder and His punishment behind lightning. Behaviorism makes exactly the opposite error and refuses to analyze the psychic background even in the behavior of living beings. Animism put personality into inanimate nature, but behaviorism wishes to rob even human beings of their personality. It is an

almost tragicomical sight to observe how behaviorism stubbornly deprives itself of one source of knowledge and restricts itself to the observation of so-called overt behavior. But are not words also objective facts, and when you hear words, how can you prevent them from conveying to you a knowledge of the other person's psychic processes?

I admit that this common-sense understanding of other individuals' mental situations is an unreliable method. But is not the task of every science to improve on natural faculties of observation? Is not the common-sense optical observation also unreliable? Was it not necessary to support it by scales and magnifying pointers of physical instruments or by microscope?

SOURCES OF ERROR IN PSYCHOLOGIC OBSERVATION

I think it is time now to describe more concretely what I mean by the natural faculty of understanding the mental situations of another person.

You see a common soldier attack an officer. Suppose you ask him why he did it. He tells you how his superior treated him unjustly for a long time and continually humiliated him until finally he lost control of himself. Then you understand his situation because everybody has experienced similar feelings. When you say, then, that the soldier attacked his superior because the latter treated him unjustly and that finally the soldier's embitterment became stronger than his fear of punishment, you have a causal theory of his behavior which contains even a quantitative judgment of a certain degree of probability. So much understanding can be attained by means of the common-sense, everyday psychology, which, as you see, is a common and natural faculty comparable to our visual and acoustic faculties except that it is much more complex. This faculty of psychologic understanding employs the various forms of sense perception and, in addition, the introspective knowledge of one's own emotions which one uses to understand another person by means of identification. This faculty, which is possessed in varying degrees by every one, is the basis of the psychoanalytic approach, just as the optic and acoustic perceptions are the basis of physical experimentation. But science begins with the refinement and development of these everyday methods

and faculties. That the common-sense method in psychology is rather unreliable is evident. There are several sources of error. The first and most important one is that—referring again to our simple example—the common soldier who tells you the story has no reason for telling you all of his motives in attacking his superior. He will give you a story that puts him in a good light. You may, if you are expert in human nature—what in Germany they call a good *menschenkenner*—guess his real motives and you can discount his distortions, but you have no evidence as to whether you are right or wrong.

A second source of error is that even if the soldier wanted to tell you the true mental situation in which he acted, he is unable to do so because he himself does not know all of his motives. He deceives not only you, but also himself, and with his story he tries to put himself in a good light not only in your eyes, but also in his own eyes. In mentioning this second source of error, however, I am referring to one of the basic findings of psychoanalysis—that is, the fact of repression—which is a dynamic tendency to keep out of consciousness desires and motives that would disturb the harmony of the conscious ego and disturb the good opinion that we like to have of our own selves.

A third source of error is that the soldier may be so different from you in his psychologic make-up that you cannot understand his motives. The possibility of identification is contingent on similarity between observer and observed. This similarity, of course, is always present to some degree, since both observer and observed are human beings. Nevertheless, differences of sex, race, nationality, social class, and so forth, diminish this similarity and bring into play a new source of error. Men understand each other better than they do women, and women understand each other better than they do men. We understand people of Western civilization better than we do Orientals. The greater the difference between two minds, the greater the difficulty in understanding.

The difficulty that an adult has in understanding either young children or savages or psychotics and neurotics is due to the same fact—namely, that their mental processes are different from the mental processes of normal adults and belong to a more primitive level of mental development.

Finally, a fourth source of error is that the observer himself has, as it were, psychologic blind spots based on his own repressions. He has motives that he himself excludes from his own consciousness and does not want to admit to himself. He will not, therefore, be able to detect these in other persons. Again, one requirement of psychologic understanding—the introspective knowledge of one's own state of mind—is often lacking in common-sense observation because in certain situations this introspective knowledge is blocked by repressions of one's own motives. The dynamic importance of one's own repressions as an obstacle in understanding mental phenomena in other persons can be appreciated only if we realize that the uniformity and harmony of our conscious egos are guaranteed only through repressions. To become an adult it is necessary to forget the infantile way of thinking. The attraction of this infantile form of mental life is great, since it is subject in a much higher degree to the pleasure principle than the adult mentality, which has to adjust itself to reality. It is characteristic of infantile mental life that it does not take into consideration the facts of reality which resist the subjective wishes and needs. The recognition of a strange and by no means always benign external reality is the problem that the child has to solve in his later development. The most important means of overcoming the infantile form of thinking and the infantile wishes and tendencies is repression, through which the ego puts away the disturbing remnants of his infantile existence. Through repression these infantile remnants become unconscious and form the unconscious part of the personality. The special difficulty in understanding children, savages, and the insane is thus based not only on the differences between their mentality and ours, but also on a mental force within ourselves which prevents us from understanding them—I mean repression. To be a normal adult one must forget, or, in other words, overcome, the primitive part of one's personality, and, therefore, one cannot understand either the primitive mental processes of others or one's own dreams, which are manifestations of an infantile personality. Science, in the investigation of mental pathology, has to overcome the subjective difficulty inherent in the fact of man's own repressions.

I admit that the enumeration of the many sources of error

that have been classified under these four categories is likely to raise in every one a deep skepticism as to the possibility of any scientific psychology. Some of these sources of error seem simply insurmountable.

This great variety of difficulties sufficiently explains why psychology for so long a time failed to find a method capable of eliminating or diminishing all these types of error. Therefore, psychology was not a science, but the privilege of a few geniuses, the great *menschenkenner*—I mean the great authors—novelists and dramatists. Only such great *menschenkenner* were able to overcome, at least to some degree, most of these difficulties in understanding other persons' real motives in spite of the human tendency to deceive others as well as ourselves, and in spite of differences of age, race, and sex. Such geniuses are able to do all this because the fourth of the sources of error—namely, their own repressions—is less developed than in others. The smaller amount of one's own repressions is just the peculiarity that makes some people better *menschenkenner* than others. Knowing their own personalities better, they are more able to understand others.

ELIMINATION OF THE SOURCES OF ERROR

Certain methodological discoveries have made it possible for psychology to become a science of personality. That every scientific development follows methodological inventions and innovations is well known. Anatomy began with the introduction of the method of dissection, histology with the microscope, bacteriology with methods of growing cultures. Psychology, as an empirical science of personality, begins with the discovery by Freud of the method of free association.

I do not maintain that all four sources of error are entirely eliminated by the method of free association, but they are reduced to such a considerable degree that the requirements of an objective science are met. The patient is requested to report everything that goes on in him during the analytic session; that is, he is asked to verbalize everything that occurs to him in the original sequence and form without any modification or omission. He is asked to assume a passive attitude toward his own trains of thought—in other words,

to eliminate all conscious control over his mental processes, to which he is to yield, and merely to report. This simple procedure seems at first to be a rather trivial device and it is not so easy to appreciate its research value. But please remember that the methods of percussion and auscultation seem also rather unpretentious and trivial, and it is only the interpretation of the observed small acoustic deviations that make them so important for medicine.

The first source of error—namely, the lack of interest of the object of the investigation in giving a full account of his mental situation—is in this method eliminated by the therapeutic situation. Only a suffering and sick person who hopes to be freed from his symptoms by following the physician's prescriptions will be willing to coöperate and to give such an intimate insight into his personality as is required by the method of free association. When one yields to one's spontaneous trains of thought, ideas soon crop up which one usually would reject and drop and shove away from the focus of attention. While one yields to this uncontrolled manner of thinking, an unknown part of the personality becomes gradually more manifest. In eliminating or at least diminishing the conscious control, all kinds of disagreeable and irrational mental contents appear which controlled thinking would interrupt and block before they should come to full clarity. In the therapeutic situation the patient gradually learns to overcome the reluctance one usually has to giving up the conventional façade which people habitually turn toward one another, and step by step learns to become entirely frank and to display himself mentally nude, and even to give up the façade which he uses toward himself. I might, therefore, venture to say that the therapeutic situation is the only situation that is suitable for an efficient psychologic investigation, as only this situation guarantees the willingness of the observed object to show himself as he really is.

The only other situation that meets this requirement is the didactic analysis, in which a student of analysis subjects himself to the procedure in order to learn the technic of analysis. In this case not the hope of being freed from a disease, but the wish to learn the method by studying oneself is the motive that guarantees his frankness and willingness to give insight into his inner processes. Without this coöp-

eration between the object of observation and the observer, psychology is impossible. In physics, the willingness of lifeless objects to be studied is not necessary, but in psychology the analyst is absolutely dependent on this willingness.

The second source of error—namely, that the observed individual on account of his repressions is unable to give a full report of his own mental situation—also has been solved by means of the analytic technic, which serves to eliminate conscious control of the mental processes. The uncontrolled trains of thought are in a much higher degree subject to the repressed mental forces than is one's everyday thinking. Such trains of association are no longer determined by the conscious processes, and therefore they take a much more irrational character, similar to the daydreaming to which men give themselves in leisure hours or before falling asleep. Patient and long observation of these uncontrolled free associations has led to the development of a technic of interpretation which allows the psychoanalyst to reconstruct the unconscious tendencies that determine the sequence and content of these spontaneous trains of thought. In this way he is able to obtain a deeper insight into the make-up of the personality, and to understand motives and emotional connections that are normally covered up by the controlling and selective functions of the conscious ego and of which, consequently, the observed person himself was not previously conscious. Thus, the second source of error, the inability of the patient to give a full account of the motives of his mental processes, is eliminated.

The third source of error was a subjective one in the observer himself—namely, his difference from the observed object. In some cases identification is almost impossible, as, for example, often in the case of mentally sick persons who revert to primitive, infantile forms of mental activity. The long duration of the psychoanalytic observation, daily over a period of months, is the only means by which this difficulty can be overcome. If you travel in a foreign country, you are at first quite unable to understand the mentality of the inhabitants, even though you may understand their language. Their facial expressions and their reaction patterns are unfamiliar. But in time you learn their reactions without

being able to tell how and why, and you gradually become able to orient yourself psychologically in this foreign country. The same thing happens in the course of a long psychoanalysis. Even a peculiar neurotic personality becomes familiar through prolonged and patient observation.

Finally, the fourth source of error, due to the blind spots of the observer caused by his own repressions, must also be eliminated if psychoanalysis claims to be regarded as a reliable means of investigation. The means of overcoming this difficulty is the preparation of the observer by his own analysis, through which he overcomes his own repressions, learns to understand the unconscious part of his own personality, and in this way becomes able to understand manifestations in others to which he was blind before. I feel that I must explain this difficulty in a more concrete way by referring again to the example of the soldier who attacked his superior. Assume that the observer is a person of a basically tyrannical nature who, however, will not admit his tyrannical propensities even to himself and tries to rationalize his own aggressive and domineering tendencies by self-deceptive formulations. Such a person, observing the scene between the soldier and his superior, will be inclined to overlook the superior's brutality or tyranny and will tend to blame the soldier for the officer's aggressions. He will have great difficulty in understanding the point of view of the common soldier and in recognizing his embitterment, and will tend to see in him a rebel and thus justify the attitude of the tyrannical officer, with whom he can more easily identify himself. For he wants to keep his own tyrannical tendencies hidden from himself, and, nevertheless, at the same time, to give vent to them. He will, therefore, be blind to similar tendencies in others, for the recognition of such tendencies in others involves the danger of being forced to admit similar motives in himself.

The didactic analysis of the observer serves to overcome this subjective source of error. It increases the knowledge of the observer's own personality and so enables the analyst to allow for the disturbing influence of his own character trends. The International Psychoanalytical Association has, therefore, for many years made it obligatory for every psychoanalyst, before undertaking the analysis of others, to

undergo a psychoanalysis himself. Just as astronomical observation must discount the subjective error which is called the "personal equation," so psychoanalytic observation is impossible without knowing the peculiarities of one's own personality which may obviate an objective psychologic observation.

There are, therefore, four sources of error inherent in everyday, common-sense psychologic observation which systematic psychoanalytic technic eliminates by four devices: The unwillingness of the object to disclose himself to the observer is eliminated by the fact that there is a therapeutic situation; the inability of the object to give a full account of his mental state is eliminated by the method of free association; the difference between observer and observed object by the long and systematically repeated observation; and the blind spots of the observer by the didactic analysis. By the employment of these four devices, psychoanalysis has succeeded in refining the common faculty of understanding other persons' mental processes and in developing it into a scientific method which can be learned by almost any serious student and which can be controlled objectively.

The efficiency of this method has been proved by the fact that the understanding of other individuals' mental processes has been extended to cases in which the common-sense understanding and even the genius of the great authors has entirely failed. I mean the cases of psychosis and psychoneurosis. The seemingly unintelligible, irrational, and senseless behavior of the insane, the strangeness and irrationality of the psychoneurotic symptoms can be psychologically explained and translated into intelligible language.

PSYCHOANALYSIS AS A THERAPEUTIC METHOD

The importance of the therapeutic situation, which, except for the didactic analysis, is the only suitable condition for detailed psychologic research, is responsible for a unique feature of this new discipline. I mean the coincidence of therapy and research. In psychoanalysis the research takes place during the treatment, or, in other words, the ends of the treatment and research coincide.

After Freud had learned that neurotic symptoms are dynamic manifestations of repressed mental tendencies which

the patient excludes from his consciousness and which return into consciousness in a disguised form, in the form of unintelligible symptoms, he realized that the way to free the patient from his symptoms was to make conscious the underlying repressed tendencies. In this way psychoanalysis extends the field of activity of the conscious ego over such portions of the personality as are unconscious before the treatment. The patient, chiefly as a result of the emotional experiences of the analyses, becomes more conscious of himself and able to control a greater part of his mental forces than he could before. He becomes able to master also those forces which were bound up in the neurotic symptoms and to use them for normal activities. This is the way of his healing. And so the aim of therapy and research is the same—a more complete knowledge of the personality. This is indeed a unique fact in the field of medicine. In all other forms of medical treatment the patient plays a passive rôle. It is not only not necessary to initiate the patient into the details and mechanisms of his disease, but it would in most cases be disadvantageous to do so. In the case of psychoanalysis, however, the patient's knowledge of the repressed mental contents responsible for the symptom formation evinced itself as *the* therapeutic agent. This lucky coincidence of a method of therapy with the method of scientific research is responsible for the fact unique in medicine that therapy is not only one approach to scientific knowledge, but the very source of it.

The psychoanalytic technic, which I have lauded as the great methodological invention that made of the research of personality a science and of psychotherapy an etiologic treatment, may appear too simple and trivial to be hailed as responsible for the development of a new science. Some may object: What is the great new thing which psychoanalysis does? It takes suitable objects of investigation who are willing to give an insight into their personalities and gives them the simple technical instructions to give up conscious control of their trains of association. I agree that the method is really simple, as every scientific method is. The secret of its efficiency is only that it is adjusted exactly to the nature of the subject matter of the investigation. The whole development of scientific medicine in the modern age is also

due to the simple device of looking at the human body, dissecting it, and investigating all the details of its construction, instead of merely speculating about it. The psychoanalyst listens in the same way as the anatomist looks. And this analogy really goes deeper than it may seem to. Pre-anatomic medicine also consisted of vague generalizations and speculative concepts similar to those of pre-Freudian psychology, which dealt with emotions, will, ideas, perceptions, and apperceptions, but was not interested in the actual and detailed mental content. The introduction of dissection was not a smooth and easy process. It encountered all the emotional prejudices of the contemporary mind, just as the dissection of the personality has aroused all the emotional prejudices of our day. If one reads the writings of some of the critics of Freud in Germany and replaces the word "personality" or "mind" with the word "body," one has the same arguments that were set forth against dissection of the body in the sixteenth and seventeenth centuries. Psychoanalysis is a sacrilege, it degrades the mind, it drags down into the mud our highest mental possessions. Do you not recognize in these sentences the style of the critics of dissection of the body? Anatomy and physiology no doubt brought about a great disillusion; scientists did not find any place for the spirit. And psychoanalysis also brought about a disillusion. The dissection of the mind reduces the whole complexity of the personality, with all of our highest strivings and intimate vibrations, to a system of dynamic forces which under sober scientific aspect lose all connotations such as good and evil, high and low, beautiful and hideous. All these evaluations eliminated from the field of science naturally retain their significance in practical life.

I would give a false impression if I stressed only the simplicity of the psychoanalytic method. It is simple only in its general principles; that is, in the principle that one has to listen to what the patient says. The scientific evaluation of the material that is obtained is, however, by no means simple. An elaborate technic of interpretation based on long and painstaking comparisons makes the learning of this method just as difficult as the learning of the use of the microscope. It requires long experience and training of the complex faculty of understanding the mental situations in others.

Training in the method of interpretation itself can be compared with the learning of a new language. Dreaming and all the manifestations of the unconscious mind speak a different language from that of the conscious mind. It is a kind of picture language and its relation to conscious thinking is similar to the relation of ancient picture writing to modern writing with letters.

CONCLUSION

I see the significance of psychoanalysis in its relation to medicine in the following two accomplishments:

1. With the help of a technic specifically adapted to the nature of psychic phenomena, it developed a consistent and empirically founded theory of the personality suitable to serve as a basis for the understanding and treatment of mental disturbances.

2. It gave a concrete content to the philosophic postulate which considers living beings as psychobiologic entities by investigating in detail the interrelation of physiologic and psychologic processes. The greater part of these investigations must, however, be left to the future to be accomplished.

I must confess that I feel my presentation incomplete because I have merely touched upon the actual results of psychoanalytic investigation and have focused my interest on the method. But I think that it is more interesting and important for physicians to hear about the scientific nature and methodology of psychoanalysis, if they desire to become oriented toward this young science, so widely challenged, so problematic, and still so unknown. If the reader has obtained the impression that the method itself is sound, it is of secondary importance whether the results are finally tested or not. If the method is sound, in time the results also must become sound and acceptable. Let me conclude with a sentence that seems best to characterize the importance of Freud's lifework:

Talleyrand said once that language is the best means to hide our thoughts, a truth that only a diplomat could have discovered. Freud's accomplishment is that he created a method by which language is no longer useful only for hiding our thoughts, but is also good for investigating them.

WHY FAMILY HARMONY?

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BETWEEN melodrama of the mauve decade and the average display case of the social-work clinic there is an amusing parallelism if not a true psychological analogy. In each there is a hero, a heroine, a villain, a plot, a rescue, and a wish-fulfilling dénouement. The élite are through with melodrama. We must have science. Victorian virtues are no longer victorious—perhaps not even virtuous. Vices are merely “antisocial habits.” But we still want our victories, and we must take them out on something, even if we have to call the villain a parental attitude or an Electra complex, and the plot a mother fixation or a negative transference. In the drama the conflict is elaborated and then resolved. In the clinic it is diagnosed and analyzed. One word is Greek for the other—that’s all.

But is it all? If there were not enough of common-human in both the melodrama and the successful case history, we would not find in either that fascinating opportunity to identify ourselves and our children with the characters in the story. To sympathize, to condemn, and to triumph are satisfactions that we all crave, and we can get them from a well-vamped social diagnosis and follow-up as effectively as from the dramatic situations in which we recognize ourselves and our neighbors. Oedipus himself was protagonist of a family drama and prototype of the family case study. And, finally, to match the good old *Dramatis Personæ*—masks of the drama—we have the customary conscientious footnote: “In the cases here cited names and details are of course disguised.”

As dramatic critics, let us review some current productions of the family counselors and child guides, and some of the theories of the childless experts in family drama.

“She had never been happy with her husband, who was beneath her in education and intelligence, and Stephen (her son) had been her chief

comrade and comfort. In her childhood home she had been the favorite of an able and much respected father to whom she was devoted, who considered her very intelligent and took great interest in her education. Probably he, too, was compensating for an unhappy love life, for Mrs. Trent states that he and his wife quarreled constantly, the mother resenting his favoritism for their daughter and he hers for their son. The Trents, having but one child, staged their quarrels largely about him, the father blazing out in fury against the boy many times a day, while the mother strove to defend him."

This is, to be sure, only the "synopsis of events preceding the opening of the play," but, despite the efforts of the expert to be "objective," we already recognize in our own interpretation Stephen as the hero, and emotional attachments and conflicts as the villains and vices which we are to hate and from which we are prepared to see the hero freed, not by his own gumption and guts, but by a *deus ex clinico*, the psychiatrist.

Of course, this is all a travesty of what mental hygiene and social case-work really stand for, but I honestly believe that it is not so false a picture of their effects on the average reader by the time the cases have passed through the hands of the mahogany-desk editors and have assumed popular literary form. Look again:

"Some one has said that the child who presents behavior difficulties is no more than a chip on the troubled sea of life. Certainly the truth of this saying is well illustrated by Lucile Kohlman. Tossed to and fro from birth by the turbulent emotions of two unhappy and ill-mated adults, serving to both for years as sole source of delight and refuge from miseries past and present, then suddenly thrust aside in favor of a newcomer and expected to yield first place without complaint—is it any wonder that the child's own emotional life was somewhat upset?"

In other respects she was, nevertheless, normal and attractive.

"The unhappy love life of the parents, or rather the almost certain lack, at any time in their history, of any true love life between them, seemed largely accountable for that instability in the emotional life of both which was endangering the happiness and wholesome development of their children. Love for their offspring both had, and the desire to make possible a better life for these youngsters than they themselves had ever known; but the power to control themselves and to guide their efforts to this end was not theirs, for each was in turmoil, in a state of constant inner conflict against the other and against certain aspects of the self as well.

"Incompatibility is something for which no one has yet fully accounted. We may point out, in this case, such obvious elements in the situation as the conflicting beliefs on religious questions of husband and wife;

the man's misrepresentation of his views before marriage and his later refusal to let his wife follow her convictions; the woman's cold-blooded acceptance of marriage without love as a means of economic betterment, and her resentment when it turned out a poor investment."

Excessive prudery from her mother, and an attachment to her father which placed all other men at a discount, may also have contributed to the heroine's difficulties—as if she had not already had enough to cast her in the rôle of Cinderella for the sympathetic reader.

Thus the stage is again set for the rescue: enter Prince Psychiatrist to discomfit and convert the vain stepmother. Indeed the psychoanalysts have shown that the drama in folklore has been meaningful to infantile minds because in phantasy it brings to a happy ending the unfinished patterns of our own experiences. And who shall deny to this generation its "Lo, here" and "Lo, there," in the eternal quest for salvation, security, and safety first?

The conventional clinical plot calls for disharmony. If it were not for disharmony, "where," as Trollope would say, "would be my story?" But, as I re-canvass the literature and sift my case studies, I have been increasingly confronted with certain questions, and have here attempted a working answer to them.

1. Why is there such a dearth of evidence for the effect of harmony in family life?
2. Why is it so difficult to make so-called normal families interesting to the public?
3. Is it possible, in harmonious situations, to trace cause to effect validly?
4. Where there is deviation from some assumed norm in both child and parents, is it too easy to attribute the child's deviation to that of the parents?
5. Even if conflict arises within a family or within the child himself, is it necessarily destructive in outcome?
6. Does harmony between parents necessarily produce happy or normal children?
7. What is this harmony, anyhow?

Let us look at this last point briefly—and return to it later. Ellen Key once claimed that in the future "it will be looked upon as the supreme right of the child that he shall not be born in a discordant marriage."¹ Key, however, never drew

¹ *The Century of the Child*, by Ellen Key. New York: G. P. Putnam's Sons, 1912. p. 39.

the line clearly between sociology, biology, and mysticism. It is not merely social experience she means, but something very like prenatal influence:

"Love creates a new being. It means that, when created by a great love, this being will enlarge the souls from generation to generation; it means that a richer, fuller human being is created, endowed with a force of feeling that radiates its warmth."¹

All this is doubtless inspiring, but it is just plain and fancy "thobbing." By contrast with this sort of thing, we turn to Professor Ogburn. None will accuse Ogburn of being a mystic, however pontifical. Ogburn says, "The essential functions of the family inhere in relationships of affection providing for the emotional development of its members."

It is interesting to find, however, that Mrs. W. F. Dummer, combining the inspiration of a mystic and the intuition and wisdom of the mother with the faith and experience of the scientific explorer and social discoverer, had previously reached a similar formulation:

"The essential home of the child lies in the attitude of the parents toward each other. Jealousy, hypocrisy, antagonism between parents may cause in their children mental retardation, physical disease, or delinquency. Mutual understanding, harmony in love, create an atmosphere more important to the development of children than food or raiment. Should a mental conflict or emotional shock occur to a child from outside cause, a home atmosphere of freedom and trust is apt to dispel it. A frank revealing of emotional conflict helps to restore the child physically, mentally, and morally.

"These are not the vague dreams of a visionary, but have been practically proven time and again in mental clinics in our courts, by psychiatrists in sanatoria, and often through the intuition of friendship. So long as there are parents there will be opportunity for further evolution of those psychical values of love which are the home, which nourish the child, permitting healthy growth of his personality.

"The development of the child depends not so much upon the quantity and quality of food, as upon the digestion of that taken. 'Better a dinner of herbs where love is than a stalled ox and hatred therewith.'"²

Dr. Van Waters claims that "for the welfare of the child it is best to subject it to the influence of only one of the combating parents; two conflicting attitudes are almost certain to produce breakdown in the child, in health, sanity, or

¹ *Love and Ethics*, by Ellen Key. New York: The Viking Press, 1912. p. 32.

² *The Responsibility of the Home*, by Mrs. W. F. Dummer. Paper given before the Conference of Social Hygiene Education, Los Angeles, April, 1921, and privately printed. pp. 1-2.

morals."¹ My colleague, Professor Mowrer, an authority on family disorganization, has said:

"No child can develop normally in a family situation surcharged with tensions between parents. Even though the parents do all in their power to conceal their conflicts from their children, minimal expressions, incipient coldness, and reserve belie all attempts to hide the strained relations and, therefore, react upon the child. Often, too, there is . . . lack of concerted discipline. . . . Attitudes of favoritism, also, tend to be more apparent. . . . Every phase of the emotional life of the child may be affected by domestic discord, depending, of course, upon the form which domestic discord takes."²

All this, however, is mostly opinion—from recognized experts, to be sure, but mostly derived from clinical experience and from the records of the maladjusted, the disharmonious. The literature is full of such effects of family disharmony upon the sensitive nature of children. By contraries, it is thus assumed that harmony will produce normality. For example, Dr. Richardson rhapsodizes as follows:

"Do you long for a happy married life for your own son or daughter . . . ? Do you sometimes wonder whether they will meet and mate with the right partner; and whether the mating will be the happy and permanent thing which every normal man or woman has longed for himself and covets for his children? It lies largely in your own hands to secure such a fortunate consummation, by furnishing in your own married life the ideal model upon which the mating will perforce be molded, no matter what the faults of the future partner may turn out to be. Genuine mutual love between father and mother is one of the most virulently contagious influences known to science. Its contagion is not only immediate in its effects upon the children who are brought up under its potent influence; it also exerts a delayed action, so that it pursues them with its influence years after. . . . There is very little danger of disharmony and marital shipwreck in the romance of two young people whose parents have furnished them with the spectacle of happy married lives."³

I

Return now to the first question I raised: *Why is there such scarcity of case histories from so-called normal families?*

¹ *Youth in Conflict*, by Miriam Van Waters. New York: New Republic Publishing Company, 1925. pp. 73-74.

² *Family Disorganization and the Emotional Life of the Child*, by Ernest Russell Mowrer, in *The Child's Emotions* (Proceedings of the Mid-West Conference on Character Development, February, 1930). Chicago: The University of Chicago Press, 1930. p. 298.

³ *The Nervous Child and His Parents*, by Frank Howard Richardson, M.D. New York: G. P. Putnam's Sons, 1928. pp. 282-3.

Is it reticence on the part of the investigator, or the reticence of the families? Are so-called normal families merely whited sepulchers with skeletons in their closets? Or is the apparent reticence really just lack of a good excuse to justify what otherwise might seem intrusion by the student or exhibitionism on the part of the family? We do not boast of happiness any more than we do of wealth or virtue.

Cases in which neither the parents nor the children show conflict are doubtless legion, but they are not only difficult of access, but difficult of analysis. It is seldom that one finds cases in which a change from disharmony to harmony of parental interests is reflected in changed behavior in the child. This merely points again to the need for coöperation on the part of normal homes in providing case material for social analysis. Let us assume that you, the reader, represent such a normal family group. Ask yourself, How could its history and experience contribute to the social scientist's general fund of knowledge?

II

Our second question was, whether, in the absence of outstanding disharmonies, a family history is boring; whether normality has enough individuality to be stimulating. If normality and harmony meant merely the standardization or routine of Main Street and Babbitt, I think we should be agreed. War is more exciting than peace, and "news" begins only when the man bites the dog. Indeed, attention arises originally, in sentient beings, as a mechanism not of relaxation, but of active adjustment of a *maladjusted* situation. The *absence* of disharmony we are not apt to notice.

I shall venture at least one case, however.¹ This man is now a leader in his college, was president of his class, a debater and boys' club worker, and will make his mark in the service of his native state, if his head is not turned.

Eugene Berkeley's father and mother were born in Iowa and Missouri, in moderate circumstances. Each had a business-college education and each was active in church work. The father had business friends, the mother her women's clubs; both were social leaders in a small way. The father is interested in politics, history, schools; the mother in literature and music. The father has complete control of family finances, but each shares alike in other family affairs and the control of the children,

¹ Cases cited have been disguised in non-essentials, in the customary manner.

and their decisions have been joint decisions. Noticeable differences here are in matters of finance and of social interests:

"Mother is industrious, believes in saving and skimping for the future; father is a hard worker, but a plunger, looking for the golden egg, and a free spender. Mother wants a share in the financial control.

"Mother likes to attend social functions, which father detests. I noticed this difference among my first memories. Both were invited to a party. Dad claimed to have too much to do at the office. As it was a party for all their old friends, mother felt she should go, and took me. We left early, and before we reached home, I noticed tears in my mother's eyes. This was the first time I had seen my mother cry. I have never forgotten it. Father often takes mother out alone, but seldom where there are other people. She has never approved of a single friend he made."

They put their child on his own just as soon as they considered that he was able to make decisions for himself. At least he thought he was on his own responsibility. His ideas were respected and he expressed them, though with this went full realization that he could be wrong. "It taught me to reach conclusions and to see where they took me—that was the important thing. I early learned that I could have an idea and express it. I have since learned that father and mother kept watch to avoid or ward off any too disastrous consequences of my decisions; but when the fall would only bruise, I took the bump and decided myself not to get that one again. I admire my parents greatly for their loyalty toward each other and their responsibility toward their children.

"In myself, as a result of their differences, I find a constant impulsion to spend beyond my means. Every so often I hit the other extreme of saving and skimping all I can. I worked my way through high school and missed social life. I hate parties, but I make myself attend them because I realize that I should. In college I have found it easier, but I still have to push myself to go to a social gathering. I'd rather sit at home and read. I have always found more pleasure in associating with people older than myself, and only since I came to college have I spent much time with people of my own age. I believe my character is much more solid than it would have been without my former training.

"I am twenty years of age at the present time, and on my last visit home I discovered a condition in the relationship of my parents which I considered to be a fault of my mother's. . . . She had fallen into the habit of rubbing in my father's failures, and saying no to his suggestions on *all* subjects. Certain phases were due also to my father's unwise spending and his thwarting of mother's interests. Knowing these conditions, I told them about it and made suggestions for their correcting it. If letters tell anything, they respected my opinion in this matter and have set about to improve the situation."

III

I call the above case a definite reflection of relatively harmonious conditions. Yet, to pass on to our third question, it is seldom that specific traits or successes can be thus traced to specific aspects of a harmonious situation, for harmony

is seldom successfully analyzed—indeed we don't know when it is validly analyzed. For it is a "configuration" or integrated unity, the very smoothness of which makes inconspicuous the elements that entered into it, and renders its several factors inextricable as special causes of specific behavior.

It would lead us too far here to discuss multiple causation and the Gestalt theory. But to the thoughtful reader it will be apparent that what we have said above is really just one example of the universal truths that no one cause causes anything, and that the same causes, combined in a different way, may produce different results. Any state of affairs, personal or otherwise, that we may seek to account for is itself a complex situation, a cross section of events, which has grown, not out of one cause, but out of another situation or combination of causes, equally complex. What we now study as an end result of previous causes will soon enter into new combinations bringing out new results.

What we usually call "specific causes" are the more rapidly or suddenly changing elements in the situation. A harmonious situation is less apt, by definition, to offer conspicuous changes to the observer. The harmony merely develops out of a preceding total harmony. This is why it is difficult to attribute specific "normal traits" to specific "harmonious" acts or facts.

It is easy to trace conspicuous misbehavior to conspicuous disharmony of the parents—for example, the struggle of parents over the fate of an only child. The danger of projecting upon a child one's own unfulfilled ambitions is, of course, obvious. Usually, however, this difficulty is relatively simple. The wish is that of one parent or the other—sometimes reinforced by an unhappy marriage. When, however, their ambitions for the child clash, watch out!

Lawrence Selling came to the state university after flunking out at Stanford. Apparently he had money and brains. He showed a marked introspective trend, and sought permission to secure so-called forbidden books. He was utterly depressed, aimless, and habitually inferior. He obviously felt lack of status, and showed it in manner and even in physical health. He was a potential suicide. It developed that his mother is Protestant, his father Jewish; that the latter claims him, and gives him big money whenever he is going to "date" with a Jewish girl. The mother discourages this, and entertains for his Gentile friends. His

difficulties were probably more deeply elaborated, but were beyond my technique. I referred him to a psychiatrist who chanced to have the same name, and to another who had himself married a Gentile, either of whom might have been in a peculiar position to help him. I even made an appointment for him. He got as far as the doctor's door and fled. He dropped out of sight soon after.

Here we see a disintegrative effect from conflict. Yet human beings, like the "quanta" of recent physical theory, are unpredictable. They may jump either way, and our examinations are often obvious only after the event. Cases are not lacking in which the "marginal man" between two cultures is not a victim, but a constructive innovator.

If we look for exceptions, perhaps they will seem as numerous as the rule. Referring to a group of children who showed no overt misbehavior, but were characterized by such traits as listlessness, solitary play, lack of initiative, despondency, Miss Neumann says:

"Interestingly enough, some of these children are referred without any statement of their difficulties; outwardly conforming and obedient, they are not recognized as problem children. In these homes we find parental desertion, family disagreements, and quarrels, with the inevitable inner pressure on the children to take sides. . . ."¹

Some of the cases cited by Southard and Jarrett, Van Waters, Healy and Bronner, show aggravated disharmonies, out of which, almost incredibly, children have arisen fairly unscathed.

IV

As we have seen, the widespread evidence to the effect that delinquents and other problem children come from homes that are demoralized has led to the conclusion that loss of morale on the part of parents was the significant factor or differential cause of the child's misbehavior, and that harmony between the parents is conducive to normality in the child. Logically, of course, these common-sense assumptions are subject to question so long as we have so few controlled observations, including so-called normal families from otherwise disadvantaged areas.

One can easily find the opinions of experts in child guidance on this subject of the effects of family harmony and

¹ *The Effects on the Child of an Unstable Home Situation*, by Frederika Neumann. MENTAL HYGIENE, Vol. 12, pp. 742-50, October, 1928.

disharmony. They are practically unanimous. They agree with one's common sense, to the effect that harmony is good and disharmony is bad. But when we get back of the words to the cases, we suspect common sense of begging the question. If it isn't good, it isn't harmony; if it's bad, it must be disharmony. One wonders if this is not one of the spots in which the apparently obvious connections between parent behavior and child behavior, as observed in the clinic, case by case, need to be checked up against similar cases where different causes have apparently produced the same effects, or where similar causes have produced opposite effects.

We have thus answered our fourth question in the affirmative: Where there is deviation from an assumed norm in both child and parents, it is all too easy to attribute the child's deviation to that of the parents, as if such a result were inevitable in any home of a superficially similar pattern.

V

This brings us to our fifth question: Is family discord necessarily destructive in outcome?

What looks to us like disharmony will not necessarily cause conflict in the child if the behaviors involved are common enough in the community culture to permit status to remain unquestioned and unthreatened. In "gangland," for example, we hear of groups in which families and children are respectable and self-respecting, not despite, but because of their fathers' records.

In marital relations, some degree of ambivalence (*i.e.*, opposing and alternating moods based upon conflicting tensions) seems to be inevitable. Even Keyserling could see that. If it be unavoidable, it is our faith and privilege to transmute it to some constructive value and purpose. Whether or not the result proves destructive will depend much upon the level at which the conflict takes place, upon the use we make of it. Take, for example, the results of hidden conflict in this old Toledo family:

The father was, as a young man, handsome, of the Spanish type, sensitive, artistic, aristocratic. Later, as a tired business man, he was disillusioned, deaf, and introverted.

The mother, also deaf, was of a cold, intellectual type, blonde, somewhat simpering in manner, and conscientiously civic.

The first daughter, a striking blonde, had a marked "father attachment" and became a neurotic hypochondriac of the mollusc and martyr type. She was obviously jealous of one of her sisters.

The second daughter was vivacious and popular, married a professional man, and has a normal family.

The first son was devoted to the mother, is reserved, brilliant, but tired, a rolling stone, who remained unmarried until shortly before his mother's death.

The second son, injured as a child, grew up as a wallflower, making intellectual compensation for physical inadequacy. He has achieved a wide reputation as an artist.

Mrs. W. F. Dummer once wrote, with the insight of mother-earth wisdom:

"The crux of the whole situation is the difficulty of living together without hampering each other's development and achievement. . . . It is difficult to watch the suffering of those we love, yet often it is suffering and effort to the point of fatigue or strain which leads to achievement [in other words, to a resolution of conflict on a higher plane of integration which assimilates the conflicting purposes]. Until one finds an adjustment to the whole of life, the adjustment to individuals seems unstable; yet how can this integration with society, with the infinite, be attained *except* through the experience of one's relationships with individuals?"

VI

Let us recall now our sixth question: Are we warranted in assuming that harmony between parents is reflected as normality in the child?

We cannot prove that harmony of the parents inevitably produces normality. From two sources, however, there is evidence that in many cases this factor is both determining and controllable. I refer to the findings in child-placements reported by Freeman, Taft, Healy, and others, where the shift from a discordant to a harmonious home has apparently alone restored normality; and to the records of visiting teachers and guidance clinics, represented by such cases as those reported by Miss Sayles under the names "Cooms" and "Whipple."¹

On the other hand, mere agreement between the parents doesn't seem to be enough. There was parental "harmony" in Thom's case of the girl who wouldn't swallow. Her parents had *agreed*—on purely intellectual rearing. The crisis

¹ *The Problem Child at Home*, by Mary Buell Sayles. New York: The Commonwealth Fund, 1928. pp. 156-166, 280-293.

brought on by her failure to swallow brought with it a sudden new affection and attention very comforting to the child, so that she gave up the symptom with difficulty.¹

Again, there was harmony, of a sort, in Miss Sayles's "Vail" family:

"The father of eight-year-old Florence Vail, an ambitious, hard-working young dentist, had put himself through college and was inordinately proud of himself and his accomplishments; the mother, who had gone only part way through high school, was 'full of humility and revolt'—feelings which were kept at a high pitch by her husband's jeering attitude toward her efforts at self-education. . . . United in little else, they were at one in their efforts to push and prod their small daughter into doing a higher grade of school work than her good, but not remarkable ability seemed to make possible. Much of her nervousness and her poor school adjustment was clearly traceable to this prodding and the constant fault-finding that accompanied it; though other causes bound up with the maladjustment between her father and mother, which produced a most unhealthy emotional life in the home, also contributed their share."

In two others of Miss Sayles's cases ("Elsie Lamb" and "Hugh Holden") the parents' harmonious agreement that the child was no good could hardly be said to have been helpful.²

Harmonious relations between a parent and a step-parent aren't always reflected in a child's happiness!

Servius Dudley was the second of three sons. The older and younger brothers were both brighter, but Servius was bright enough. When he was ten, his mother died, and in a few years his father remarried. Servius got along well with the stepmother, but his father did not. Her mother butted in too much. A divorce was impending when the stepmother also died. Servius went to college. His father again married, "making very sure this time that there would be no mistake." Servius dodged his exams and went home with neurasthenia. "This time," says Servius, "his marriage succeeded too well." They have a child, and the second stepmother has convinced the father that Servius is worthless. Together they have paid his way, but their agreement in their estrangement from him has probably contributed to the vicious circle—his failure, despondency, resentment, fear of marriage, and suicidal impulses.

Foster parents, similarly, may be apparently harmonious, but if they also agree in favoring their own children or in

¹ *Everyday Problems of the Everyday Child*, by Douglas A. Thom, M.D. New York: D. Appleton and Company, 1927. pp. 39-41.

² *The Problem Child in School*, by Mary Buell Sayles and Howard W. Nudd. New York: Joint Committee on Methods of Preventing Delinquency, 1925. pp. 30-40.

depreciating their adopted child, the results may be tragic. Take the case of Jean Mowbray:

Jean was a Scotch orphan who was said to have been bequeathed to her uncle as guardian and trustee with some means to support her. The uncle had married an ambitious school-teacher who considered herself "above him," and she, having savings of her own, managed the family funds. She, too, was Scotch, and she and her husband were quite in agreement as to the small amount necessary to put the girl through a large urban university. They also agreed in not adopting her, in their ordering and forbidding technique, and in constant reminders of her debt of gratitude for the added time and money she cost. At college she made her first escape from drudgery and puritanic repression, got to going with a bunch of skidders and spenders, and came to the attention of the dean's office. She straightened out for a time under wise handling in a faculty home. Then her parents accused her of immorality because she was now spending so little. Three years after graduating she broke away from Y.W.C.A. contacts and is said to be some man's mistress.

Again, where parents *agree* in their orthodoxy or in their nationalism, at the expense of changing standards in the children and in the children's world, the usual cleavage between fathers and sons is accentuated. Social workers know that harmony between mates will not be effective if they are viewed by the child as inferior in behavior or status to the community patterns that he accepts.

Antagonisms often develop in "good homes," where there is no physical cruelty:

"A social worker is mystified when a girl who seems to have a good home, and has taken her chances for a week or so among the average, unlovable set of human beings found in the average detention home, declares that she prefers it, or the state school in fact. 'I would rather die than go home.'"¹

Among the situations of this sort Van Waters names "dominance of one parent" and "conflicts over religion." The child seeks some substitute for the spiritually missing parent.

"Harmony" purchased at the expense of the personality or the self-respect of either party leads to inner conflicts. Van Waters cites the family in which the daughter escaped reality in a neurosis, and would never marry, while the son's habit of avoiding unpleasant or hurt feelings of self and others had led him into forgery—all because the mother had

¹ *Parents on Probation*, by Miriam Van Waters. New York: The New Republic Publishing Company, 1927. p. 172.

had her feelings crushed by *her* mother, but had been coddled with lies by her father, her husband, and her children all her life.

Even a similarity of interests on a high intellectual or professional level often means a living sacrifice of the mother, for most intellectual and professional people are poorly paid by the business classes. The mother's gradual immolation may be very dangerous, both to the marriage and to the child.¹

VII

Thus we come back to the question with which we started: What is this harmony which is sought for the child?

Even divergence of interest, without conflict, may be almost as bad as conflict. It may mean isolation between the family members, and at best a poor family pattern for the children's later conception of marriage. When adults (and children, too) are chronically scattered at business, golf, club, and so forth, until after bedtime, the father is all too apt to become merely "that red-headed guy that's around here Sundays." (One has also known "normal" parents whose obvious un wisdom on the rare occasions of their presence with the children seemed to make their absence desirable!)

Divergence itself does not necessarily mean disharmony, however, any more than unison means harmony.

There is a distinction between the broken home and the "unstable" home *in terms* of their respective effects on childhood. The home is not unstable for the child *unless* the "harmony" or "disharmony" is working an instability in the parent-child relation.

The essential harmony is not only likeness, not only mutual tolerance, mutual understanding, reciprocal affection and appreciation. It is rather the *joint purpose* of family living and parental responsibility. Where this exists, other conflicts may rage without injury, nay, the child may apparently thrive on them.

Nietzsche put things so quotably:

¹ See "This Business of Parenthood," *Harpers Magazine*, Vol. 162, pp. 173-81, January, 1931. See also *Getting and Spending at the Professional Standard of Living*, by Jessica Peixotto. New York: The Macmillan Company, 1927.

"I have a question for thee alone, my brother: like a sounding-lead, cast I this question into thy soul, that I may know its depth.

"Thou art young, and desirest child and marriage. But I ask thee: Art thou a man *entitled* to desire a child?

"Art thou the victorious one, the self-conqueror, the ruler of thy passions, the master of thy virtues? Thus do I ask thee.

"Or doth the animal speak in thy wish, and necessity? Or isolation? Or discord in thee?

"I would have thy victory and freedom long for a child. . . .

"Beyond thyself shalt thou build. But first of all must thou be built thyself, rectangular in body and soul. . . .

"Not only onward shalt thou propagate thyself, but upward! For that purpose may the garden of marriage help thee!

" . . . a creating one shalt thou create.

"Marriage: so call I the will of the twain to create the one that is more than those who created it. The reverence for one another, as those exercising such a will, call I marriage.

"Let this be the significance and the truth of thy marriage. But that which the many-too-many call marriage, those *superfluous* ones—ah, what shall I call it? . . .

"Laugh not at such marriages! What child hath not reason to weep over its parents? . . .

"Thirst in the creating one, arrow and longing for the Superman: tell me, brother, is this thy will to marriage?

"Holy call I such a will, and such a marriage."¹

And yet we have seen that a united insistence that the child shall surpass its parents may be disastrous.

Parenthood and childhood are reciprocally constituted. Without the child, the parents are not created. The created creates his creators. Dorothy Canfield Fisher has gone beyond the old-fashioned stereotype in which it is the child who holds the parents together. In the democratic family there is give and take. The parents unite not against nor even merely *for* the child, but *with* the child, confronting the child's world; family unity should exist, not to coddle the child, but to bring parents *and* child into the kind of interaction that will itself develop harmonious and effective living.

Great psycho-social possibilities are opened up by introducing voluntary control into parenthood. Key pointed out that many are fitted for marriage, but not for the family; for conjugal, but not for parental love. The potential separation of the two leaves parenthood for those who deliberately will it, who choose each other for it, and prepare adequately

¹ Thus Spake Zarathustra, XX.

the biological, ethical, economic, and social basis for child-rearing.

In the future, child-rearing (with or without ectogenesis) will be a life epoch deliberately chosen and planned as a joint enterprise adequately manned and financed; and often both partners will consider it their major occupation for that period. With such a joint will, harmony and conflict may be trusted to take care of themselves.

There is real drama in the life of every family. The essence of drama is the interaction of wills. But the drama of realism is not the melodrama of convention. For purposes of demonstration and propaganda it may be justifiable to select such cases as demonstrate the possibilities of family life, good and bad, and the many solutions for its problems. For scientific purposes the formulæ of melodrama and convention must be dropped; we must learn from the failures and the exceptions and the sporting accidents as well as from the model cases.

We have seen that love may be crippling and that conflict may be stimulating. As yet we cannot confidently predict. We may learn by experience, by social discovery through experimenting in our own lives. Values can be validly tested only by living them. Such articles as this, however, assume that we *may* be able to learn from *others'* experience. Others' experience seems to tell us that family harmonies are important, but that, as in the drama, the working out of the plot is more important. "The play's the thing." Such harmonies as are essential to the child's welfare will come, not from seeking harmony as an end, but as a by-product of intelligent interaction with the developing child as its objective.

A PHILOSOPHER LOOKS AT MENTAL HYGIENE *

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THE term "philosopher" is said to have been first used by Pythagoras, whose main activities fell within the last quarter of the sixth century B.C. Pythagoras was born in Samos, but, finding life there under the tyrant Polykrates intolerable, he migrated to Kroton in southern Italy where he established a brotherhood dedicated to the cultivation of religion and the pursuit of science. The story is told that when he was in Peloponnesus, Leonitus asked him what was his art. Pythagoras answered: "I have no art: I am a philosopher." The name "philosopher" being new to Leonitus, he inquired what it meant. Pythagoras replied in words that have come down to us with unsurpassed dignity and with great significance for the subsequent development of philosophy and science:

"This life may be compared to the Olympic games: for as in this assembly, some seek glory and the crowns; some by the purchase or by the sale of merchandise seek gain; and others, more noble than either, go there neither for gain nor for applause, but solely to enjoy this wonderful spectacle, and to see and know all that passes. We, in the same manner, quit our country, which is Heaven, and come into the world, which is an assembly where many work for profit, many for gain, and where there are but few who, despising avarice and vanity, study nature. It is these last whom I call Philosophers; for as there is nothing more noble than to be a spectator without any personal interest, so in this life the contemplation and knowledge of nature are infinitely more honorable than any other application."

Pythagoras was a strange mixture of credulity and wisdom. He and his followers believed in the transmigration of souls,

* EDITOR'S NOTE: Sometimes we are prone to forget that present-day mental-hygiene theories and practice have evolved, to a degree, from concepts that can be traced to the great philosophers of ancient times. This article by Professor MacEachran indicates something of the debt that mental hygiene owes to Greek culture.

This is the first of a series of articles to be contributed to MENTAL HYGIENE by various men of distinction. The next in the series will be entitled *A Physician Looks at Mental Hygiene*.

and practiced curious purification rites which prescribed abstention from all food that was dead or that had been killed, from eggs and from animals that laid eggs, from beans, and from a curious variety of other things. But he bequeathed to posterity a prescription for mental health that up to the present day remains unexcelled. The secret of that prescription lies in the new meaning that he gave to a famous old Greek word *katharsis*, which means purification, and is the word from which our word "cathartic" is derived. It will be interesting to consider briefly the new significance that Pythagoras attached to this word and the new attitude to life that it involved.

The term had originally a religious significance. It involved sacrifices and other rites calculated to appease the spirits of the departed and thus restrain them from tormenting the living. The attitude of primitive man toward the souls of his departed ancestors was not so much filial piety as fear. Consequently he took all the precautions possible to keep the souls of the dead from returning to mingle unseen with the living and to exert baneful influences upon them because of the neglect to which the forgetfulness of time inevitably subjects the departed soul. The spirits of the dead were specially to be guarded against at the time of births, marriages, and deaths, when the air was surcharged with them. Thus at the time of death the friends of the departed painted their bodies with black to fortify themselves against the contagion of evil spirits. They also closed the windows and doors of the house in which the dead body lay, to keep the spirits from entering. These practices may well have been the origin of the custom of wearing black which has now become a sign of mourning, as also of closing and darkening the room in which a corpse lies awaiting burial.

Later on the term *katharsis* took on a new significance. In the seventh century B.C., there came to Greece from Thrace the emigrant wine god, Dionysos. This god was usually represented, along with his motley band of turbulent followers, as in a more or less advanced state of intoxication, and was, therefore, in his outward bearing quite alien to the measured composure of the Greek at his best. Yet he aroused in Greece a religious revival that swept like a whirlwind over

the whole country, and left influences that have persisted till the present time in the civilization of the western world. The worshipers of this strange god danced on the hilltops in the darkness of the night beneath the flickering and uncertain light of torches, to the music of the deep-toned Phrygian flute, the clashing of bronze cymbals, and the dull, thunderous roll of kettledrums, till they worked themselves up, perhaps with the assistance of wine and drugs, to a wild, ecstatic delirium or auto-intoxication, when they fell upon the sacrificial animal and devoured it raw. Thus they affected a *katharsis* or purification of the soul from the body, which was its earthly prison, and entered into the life of the god himself. It is needless to say that after the excitement was over, they felt composed and at peace with themselves. Their presence with the god had done them good. Their souls had been purified. It is easy to recognize here certain primitive elements that are not entirely absent in modern religious revivals.

The cathartic power of music was soon recognized for health purposes. The Corybantic priests used a wild type of pipe music for the treatment of nervous and hysterical patients. By rousing them to a high pitch of excitement which ended in exhaustion, a healthy sleep was induced, from which the patient awoke calm, composed, and refreshed. This treatment had, no doubt, something of the soothing effect of a modern continuous bath. This method of treating nervous disorders was regularly used in the famous old medical school at Kroton, where Pythagoras established his brotherhood. It was, perhaps, from this school that he became acquainted with the first form of psychotherapy of which we have historical knowledge. At any rate, the recognition of the value of music as a psychotherapeutic agent led not only to a new interest in music, but to new and very significant speculations in regard to the "way of life" itself.

Pythagoras, we have good reason to believe, was the first to attempt the study of music from a purely scientific point of view. He found, by experimenting with a monochord—a long, narrow box with a string stretched on it and a movable bridge—that the concordant intervals of the scale—the octave, the fifth, and the fourth—could be represented by the numerical ratios, 2:1, 3:2, and 4:3, and that the four strings of the

lyre stood in the numerical relations of 6, 8, 9, and 12. This suggested that all harmony has as its basis certain mathematical relations and that such relations are the secret of law that orders all things. This was, of course, the beginnings of modern exact science, which endeavors to determine the laws of things in terms of certain mathematical ratios or equations.

But it had another significance. Harmony is the condition of health. When the body is properly attuned, it is healthy; when it is out of tune, it is unhealthy; and this is the original significance of a "tonic" in medicine. This is, in fact, the general conception upon which the Kroton school of medicine, as represented by Alcmaeon, based its practice. Health involved the harmonious mixture of the elements of the body, and disease the predominance of one over the others; and the same principle is embodied in the most fundamental of the Greek virtues—temperance. Temperance, however, in the Greek sense, called, not for a life based upon negations or prohibitions, but for a life lived in accordance with the principle of measure, proportion, harmony, or the "golden mean"—an ideal in which, in all the activities of life, reason or good sense triumphed alike over self-indulgence, narrowness, and fanaticism. Above all, it meant self-control; and self-control now became a dominant motive in the philosophic way of life.

We may now understand the significance that Pythagoras attached to philosophy as a way of life, and why he believed the pursuit of philosophy to be more honorable than any other pursuit. If music, in which is revealed the principles of harmony, is a cathartic or purifier of life, then philosophy is the "highest music." It purges life of its discordant elements. It is disinterested in that it seeks truth not for any personal or private purpose, but only in order that it may gain a vision of life as a whole. It is thus the true harmonizing power of life and is consequently the secret of mental health. The cathartic or purifying aspect of the disinterested search for knowledge is retained to-day in such expressions as *pure mathematics*, *pure science*, and *pure scholarship*.

The idea of *katharsis* was taken up and developed into a complete philosophy of life by Plato, the greatest champion of mental health in the ancient world. He was the most

brilliant pupil of Socrates, who was condemned to drink the hemlock on the charge of disbelieving in the gods of the state and corrupting the youth. The real offense that brought Socrates to his death was, however, that he openly exposed the ignorance and corruption of the political leaders of his day and the low standards of morals generally. He believed that the diseases that were undermining the moral and political health of his time were, in the last analysis, due to ignorance, and he steadfastly and persistently, in private and in public, advocated knowledge as the only cure. But the knowledge that he prescribed for the diseases most to be dreaded in the social life of Greece was not knowledge of mere facts, but a thorough and genuine knowledge of the underlying principles of right living, or the "good life," as he called it. Socrates believed that ultimately the secret of the "good life" is that type of wisdom which is possessed, not as one possesses money or external goods, but as the inner essence and organizing power of the human personality. The secret of the "good life," moreover, is the secret of happiness.

Plato combined the Pythagorean conception of *katharsis* with the ethical ideal of Socrates. Knowledge, he maintained, is the true *katharsis* of life, since it purges the soul of ignorance, selfishness, the excessive love of wealth, power, and pleasure, and indeed of all those discordant elements which infect it with evil and with disease generally. Knowledge enables us to gain a true perspective of life. It gives us possession of those principles the true practice of which brings harmony to the soul and thus guarantees health and happiness. The building of character, in fact, involves processes similar to those involved in the training of a skilled and talented musician. The musician must gain a thorough knowledge of the principles of harmony, and by incessant practice, build them into the organization of his whole personality. He must, like the lyre upon which he plays, himself be properly "attuned"; but not merely in accordance with the physical laws of harmony, but in accordance with the higher harmonies of life. Only then can he discourse beautiful, soul-inspiring melodies. In the same way the development of character involves the knowledge and persistent practice of those principles which bring harmony into life.

There is no other road to the "good life" and to genuine happiness than that which attains and preserves the proper attunement of the soul. All others lead to indifference and disease in the soul, and to the consequent neutrality or unhappiness of life.

The main causes of unhappiness in the world Plato believed to be ignorance, indifference, incompetence, corruption in politics, and the reckless and insatiable pursuit of personal pleasure. Like Socrates, he believed that the most fundamental of these causes was ignorance, which, indeed, was in the last analysis the cause of all the others. Ignorance was, in fact, the disease most to be dreaded in the life of the individual and in the life of society. Thus it was that, for Plato, philosophy, including science, became the great cathartic power of life. If you can banish ignorance, you will purify the whole outlook upon life and you will place politics and all the other arts of life upon a truly scientific and philosophical basis. But this involved more than the mere treatment of symptoms and end results. It involved methods that were more significant as preventive measures than as curative prescriptions. So it is that, when we realize that this philosopher lived 427-347 B.C., we cannot but feel extremely modest in regard to the progress we have up to the present time made in enlightening our legislators, our professions, and the public generally in regard to the necessity of attacking the problems of social disease from the point of view of prevention—a point of view that will always involve the necessity of scientific knowledge and research.

As to the cure of bodily diseases, it is noteworthy how far Plato is in advance, not only of the average practicing physician, but of the curriculum of the average medical college to-day. In this recognition of the necessity of treating the mind in connection with the cure of certain ills, he puts the following words into the mouth of Socrates, who in turn quotes with approval the statement of the Thracian king, Zamolxis:

"'As you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul; and this,' he said, 'is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also; for the part

can never be well unless the whole is well.' For all good and evil, whether in the body or in human nature, originates, as he declared, in the soul, and overflows from thence, as if from the head into the eyes. And therefore if the head and body are to be well, you must begin by curing the soul; that is the first thing. And the cure, my dear youth, has to be effected by the use of certain charms, and these charms are fair words; and by them temperance is implanted in the soul, and where temperance is, there health is speedily imparted, not only to the head, but to the whole body."¹

These are the words that have come down to us from the ancient world. We have in the curriculum of the modern medical college plenty of instruction in physics, chemistry, biology, physiology, bio-physics, bio-chemistry, bacteriology, and anatomy—the sciences of the body—but how much instruction do we have in psychology, psychiatry, and ethics—the sciences of the soul, or the sciences of right living? In spite of all the progress we have made in medical science—and it is something of which we may well be proud—we have still a good deal to learn from the great Athenian philosopher and educationist who taught five centuries before the advent of Christianity.

In connection with Plato's view of the right attitude of medicine toward the treatment of disease, it is interesting to note his opinion of the laity who look to the physicians to cure the diseases that they have brought upon themselves—an attitude that, unfortunately, physicians do too little to discourage.

"To require the help of medicine, not when a wound has to be cured, or on occasion of an epidemic, but just because, by indolence and a habit of life . . . men fill themselves with waters and winds, as if their bodies were a marsh, compelling the ingenious sons of Asclepius to find more names for diseases, such as flatulence and catarrh; is not this a disgrace?"²

Ills, whether real or imaginary, are a great impediment to the working man, to the professional man, and to the thinker, and attention should be directed to discouraging them rather than to curing them. Thus Asclepius, who was a statesman as well as a physician, practiced his art on those who were of healthy constitution and habits of life, and who had a definite ailment.

¹ *Charmides*, 156-157. This and subsequent quotations are taken from Jowett's translation.

² *Republic*, 405.

"He did not want to lengthen out good-for-nothing lives, or to have weak fathers begetting weaker sons; if a man was not able to live in the ordinary way, he had no business to cure him; for such a cure would have been of no use either to himself, or to the state."¹

The same criticism is applied to those people who always are looking to lawyers to straighten out difficulties that are the result of their own perversity. It is disgraceful to go to law, and still more disgraceful to be a constant litigant. Thus you will find a man not only a lifelong litigant, passing all his days in the courts, but actually led by his bad taste to pride himself in so doing:

"He imagines that he is a master in dishonesty; able to take every crooked turn, and wriggle into and out of every hole, bending like a withy and getting out of the way of justice: and all for what?—in order to gain small points not worth mentioning, he not knowing that so to order his life as to be able to do without a napping judge is a far higher and nobler sort of thing."²

Unfortunately both doctors and lawyers cater to this attitude on the part of the public who are deficient in the art of right living:

"When intemperance and diseases multiply in a state, halls of justice and medicine are always being opened; and the arts of the doctor and the lawyer give themselves airs, finding how keen is the interest which not only the slaves, but the freeman of a city take about them."³

Plato is particularly hard on the lawyer who looks not to the prevention of litigation and crime, but carries motives based upon greed and contentiousness into the practice of his profession. He has a great respect for law both as an art that has to do with legislation and as a profession that has to do with guarding the sanctity of justice, but he has little patience with the lawyer who fails to live up to the dignity and responsibilities of his high calling:

"There are many noble things in human life, but to most of them attach evils which are fated to corrupt and spoil them. Is not justice noble, which has been a civilizer of humanity? How then can the advocate of justice be other than noble? And yet upon this profession which is presented to us under the fair name of art has come an evil reputation. We are told that by ingenious pleas and the help of an advocate the law enables a man to win a particular cause, whether just or unjust; and that

¹ *Ibid.*, 407.

² *Ibid.*, 405.

³ *Ibid.*

both art, and the power of speech which is thereby imparted, are at the service of him who is willing to pay for them."¹

Plato uses very hard words in relation to such lawyers. He would treat them as criminals, and prescribe drastic measures to bring them to a true sense of their responsibilities. Justice, to him, was the most sacred thing in the world. It was the closest approximation to the divine order of things in the life of man. So it was that those who were guilty of consciously perverting the ends of justice for their own private interests were guilty of crimes quite as serious as those punishable by death. They were guilty of high treason to the state, whose chief end was the establishment and preservation of justice. At any rate, Plato believed that the whole system of the administration of justice in his day was in sore need of a drastic *katharsis*. It needed purification, so that the true spirit of justice might prevail and that the health of society might be preserved.

As to the treatment of criminals, punishment should not be vindictive, but curative and preventive. Its true object is the reformation of the criminal, and, of course, the education of the citizens in true harmony with the law. Plato advocates capital punishment only in certain serious cases in which every attempt at cure has failed. But he advocates it in entire freedom from anything that savors of vindictiveness or that sort of morbidity to which the modern newspaper appeals. The point is that in both law and medicine less attention should be given to incurables, and more to those who can be cured and to the prevention of disease and crime generally:

"This is the sort of medicine, and this is the sort of law, which you will sanction in your state. They will minister to the better natures, giving health both of soul and of body; but those who are diseased in their bodies they will leave to die, and the corrupt and incurable souls they will put an end to themselves."²

So much for the treatment of disease and crime. But in dealing with these ills of society, we are dealing with the end results of our failure to prevent them. Had we dealt with these problems from youth on, it would not have been so

¹ *Laws*, 937-38.

² *Republic*, 409-10.

necessary to treat diseases of the body, since everybody would so appreciate the significance of health that he would constantly be on his guard against disease; nor would it be necessary to be "on the watch to keep one another from doing wrong, but every one would have been his own watchman, because afraid, if he did wrong, of harboring in himself the greatest of evils."¹ How, then, are we to attack the prevention of disease and crime and, indeed, all the manifold causes of the unhappiness of mankind? Or, more positively, how are we most successfully to promote the realization of the supreme purpose of life, which Plato believed to be human happiness? This is the great problem that engaged his attention from early manhood till his death.

The first necessity, Plato believed, was to have the right sort of government. So it was that for him political science was the most comprehensive and most important of all the social sciences. His masterpiece, the *Republic*, which was written when he was in the full vigor of his creative and artistic power, still remains one of the outstanding works on political philosophy; and the *Laws*, which was his last work, the work of his old age, is so outstanding as a treatise on theoretical and practical politics that it had no small influence upon Roman law—the greatest and most permanent achievement of that wonderful people that has come down to us.

Plato was of noble birth on both sides of his family, and, true to the traditions of the aristocracy of his day, it was his full intention as a young man to enter politics. He was given his chance, but, when he saw something of politics from the inside, he became so disgusted with the corruption and criminal tactics of the political leaders—who could go so far as to put to death on a monstrous charge the most righteous man in the whole of Athens—that he withdrew indignantly from the evils of his day. But he could shirk neither his chief interest in life nor his responsibilities as a citizen. He became a philosopher and teacher, and founded an academy—the first model of our modern college of arts and sciences—in which he gathered together the leading intellects, not only of Athens, but of the western world. Here he studied and taught the various branches of science and philosophy; but it is safe

¹ *Ibid.*, 366-67.

to say that his first interest always remained the science of politics.

In the *Republic* Plato sketches the organization of a state in the form of a daydream. It is an ideal state. The citizens are to be divided into three main classes: (1) the rulers, who are to be responsible for all legislation; (2) the guardians, who are to include the soldiers, the policemen, the administrative officers of the state, and the teachers; and (3) the workers, tradesmen, and all others who receive pay for their services. The members of the first two classes are to receive no pay beyond their living and the modest necessities of life. The rulers are to be selected for outstanding qualities of intellect and character, and are to be given a long and thorough training in music, including literature, science, and philosophy in all its departments. They are to spend the first thirty-five years of their lives training themselves for the high calling of "philosopher kings." Then they are to give fifteen years of continuous service to the state, after which they may retire and devote themselves to private study, always holding themselves in readiness, however, to be at the service of the state on special occasions when their advice and assistance are needed. The members of the second class, though less gifted in intelligence, are to be selected for the courage, steadfastness, and keenness they display in performing their respective duties. Since neither the law-makers nor the administrators of justice are to receive pay or to possess private property, they will be free from all the temptations to which the party politician is subjected. The horrible word "graft" will never occur in Plato's ideal state and there will be no "patronage." The third class will possess private property, but the law will be such that they will avoid all undue acquisitiveness, greed, and dishonest dealings. "Temperance" in all things will be their chief virtue.

Plato's ideal state is based upon the principle that all citizens are to perform those functions for which they are specially qualified—the services to the state being the highest and most honorable and, therefore, the least remunerative in terms of the material things of life. It is interesting in this connection to note that all children born into the world are

to have an equal opportunity, based upon their natural endowments and their ability to profit from training. Women, also, are to have the same education and the same opportunities as men. They are to be selected in the same way as men to fill the important offices of the state. There is to be no distinction between men and women on the basis of sex, but on the basis of the qualities possessed. This reveals a fairness and generosity in attitude that remains unequaled even in our own day of enlightenment; although it is only fair to say that Plato believed that though women excel in some qualities, they are, perhaps, on the whole, slightly inferior to men. This view was consistent, however, with Plato's general principle that no softening sentiment should be allowed to intrude itself into the affairs of the state. The state was to be built upon the solid principle of absolute justice, and was to be fortified within and without by the same principle. Only such attention to the affairs of government could guarantee the security, well-being, and happiness of the citizens.

The ideal of the "philosopher kings" is given up in the *Laws* as being too idealistic, but the principle is still maintained that those entrusted with the affairs of government shall be men of the highest intellectual attainment, the richest experience, and the most unimpeachable character and integrity. Provision was also to be made for a "Nocturnal Council," a body of older men, highly experienced in matters of government, together with a number of carefully selected young men of promise. This council was to sit daily from morning till night studying the problems of government at home and abroad with the purpose of discovering possibilities of improvement in the arts of legislation and the administration of justice.

The government has now been purified from all corrupting influences and the ideal of justice for all citizens has been firmly established. The next consideration is the purity of the race.

The greatest attention is to be given to the supervision of marriage. The object of marriage is "to beget and bring up children, handing on the torch of life from one generation to another." Divorces are to be freely granted when there are no children. None but the physically and mentally fit may

marry. The greatest care is to be taken before marriage and during pregnancy to safeguard the health of the child. The care of the child thus properly begins before birth. Even after the children are born, the conduct of parents is to be carefully supervised by officers of the government. These are the regulations of the *Laws*. In the *Republic* they are even more severe. Here, in addition to the requirement of physical and mental fitness, the number of marriages is to be left to the discretion of the rulers, whose duty it will be to preserve the average of population. A man may begin to beget children at the age of twenty-five, and continue until he is fifty-five. A woman may bear children, beginning at the age of twenty, and continuing till the age of forty. The children will be disposed of as follows:

"The proper officers will take the offspring of the good parents to the pen or fold and there they will deposit them with certain nurses who dwell in a separate quarter; but the offspring of the inferior, or of the better when they chance to be deformed, will be put away in some mysterious, unknown place, as they should be."¹

Any one above the prescribed ages who takes part in the public hymeneals will be considered to have done an unholy and unrighteous thing, and their children will be considered to be the offspring of darkness and of lust. Similarly those within the prescribed age who have sexual relations without the sanction of the rulers will suffer accordingly; for, if they have children, they shall be said to be raising up bastards to the state, uncertified and unconsecrated. Above the specified age, freedom in sexual relations will be allowed, except between close relatives.

"And we grant all this, accompanying the permission with strict orders to prevent any embryo which may come into being from seeing the light; and if any force a way to the birth, the parents must understand that the offspring of such an union cannot be maintained, and arrange accordingly."²

We may not, perhaps, be prepared to go as far as Plato recommends in the way of restricting marriage and the procreation of children; but it is well to recognize that about twenty-five hundred years ago the greatest thinker in the

¹ *Ibid.*, 460.

² *Ibid.*, 461.

western world was giving the most careful consideration to problems that we, in spite of our much-vaunted progress and efficiency, have scarcely attacked or even seriously ventured to discuss in public.

The next responsibility to be undertaken by the state is education. After legislation and the administration of the law, education is perhaps the most important department in the government of the state. In the *Laws*, in fact, the minister of education is regarded as occupying the most important position in the government; for it is recognized that, in the last analysis, education is of the most fundamental importance for all departments of the government, including legislation and the administration of the law. If, indeed, citizens could be properly educated and have their whole personalities fashioned in accordance with knowledge and that experience which results from training in the best things of life, there would be little need of law.

The education of the child begins as soon as he is born. In the *Republic*, he is to be taken away from his parents and put in charge of nurses, who will look to his physical health and take the greatest care to see that he is not subjected to evil influences. He is not to be subjected even to the love of his parents, which is more often harmful than beneficial. He is not even to know who his parents are. All children of about the same age will call by the name of father and mother the guardians of the same age as their real parents. They will have in the same way grandparents in common, and all will be brothers and sisters. The state will, in fact, be one large family. In the *Laws* the children will continue to live with the parents, but under control of the state, and parents will be under supervision so far as their responsibilities to the children are concerned. This, we may see, is the first provision corresponding to the modern movement for "parent education."

The two main forms of education will be gymnastics for the body and music for the soul. Music, which includes literature, will come first, since children will be told stories before they are of age to engage in gymnastics. Since, however, stories are either true or false, the greatest care must be exercised in selecting these in the early stages of the child's education:

"You know that the beginning is the most important part of any work, especially in the case of a young and tender thing; for that is the time at which the character is being formed and the desired impression is more readily taken."¹

We must, accordingly, be on our guard that children do not receive into their minds ideas that are for the most part the opposite of those that we would wish them to have when they have grown up. What precautions, then, will be necessary in the teaching of literature?

We shall first of all proceed to establish a censorship of the writers of fiction, accepting the good tales and rejecting the bad. It is, indeed, most important that the tales that the young hear first shall be models of virtuous thoughts. Consequently, tales of heroes should bring out the virtues and not the weaknesses or vices of the models they set up for imitation. In the same way, stories used in connection with religious instruction should not put into the mind of the child ideas that are inconsistent with true religion and that have to be unlearned later. Allegorical stories are also to be avoided since children cannot be expected to understand them. It is a good principle that only those stories should be selected which present some simple, straightforward truth that can be made intelligible to the child, and that bears upon the nurture of character. And here modern religious education might well avoid all controversial doctrines, which in any case are quite unintelligible to the child, and teach only those truths which commend themselves to generous minds of all religious denominations who think broadly and deeply upon the great problems of life. Had the "movies" existed in the days of Plato, he would no doubt have urged a much stricter censorship than we demand to-day. We have in our day made much progress along the lines of public health, and have made commendable provision for the protection of ourselves against infectious and contagious diseases and those poisoning influences—such as contaminated water, impure foods, and unsanitary living conditions—which undermine our physical health. Why not the same attention to protecting the mental and spiritual health of our children and of the public generally?

¹ *Ibid.*, 377.

In music the same care is to be taken to teach the children songs and tunes that will tend to strengthen rather than to soften the character. The object of music is to develop true harmony in the body and soul.

"When a beautiful soul harmonizes with a beautiful form, and the two are cast in one mold, that will be the fairest of sights for him who has an eye to see it."¹

Gymnastics, like music, should begin in the early years and be continued throughout life. Physical education is very important, but of course not so important as the education of the mind. This is obvious, when we consider, in the first place, that it is much easier to tolerate defects in the body than in the mind, and in the second place, that a well-trained mind improves the body more than a well-trained body improves the mind. Proper physical training involves the avoidance of all excesses in food and drink. Intoxication should not be tolerated. Athletics as ordinarily practiced often miss their true end.

"These athletes sleep away their lives, and are liable to most dangerous illnesses if they depart in ever so slight a degree from their customary regimen."²

Athletics are frequently also carried to excess, causing permanent injuries to the health, which they are supposed to preserve. Athletics should be pursued in such a way as to avoid extremes, and thus develop a healthy mind in a healthy body. Young people, in fact, should be taught to regard health as so important that they naturally look upon disease as a disgrace. This is the truly healthy-minded attitude toward the ills of life generally.

The general education of the child is to proceed in the most natural way possible. Just as in the infant years his random movements and cries are to be converted into the harmonious forms of dance and song, so, later in his training, due regard must always be given to his age, his natural capacities, and his interests. This is most important, so that later on he may gradually be trained for and fitted into his true niche in life, which is the first condition of his happiness

¹ *Ibid.*, 402.

² *Ibid.*, 404.

as an individual and his usefulness as a citizen. There is to be no compulsion and no forcing. The greatest care is to be taken to guard the child against fear, which is the cause of cowardice and many other abnormalities that develop later in life. Punishment is to be used only as a last resort, as a means of correction, but this in such a way that there is no danger of producing a sense of disgrace or a feeling of resentment. In general, the child is to be kept happy in the true sense of happiness, which is the result of always avoiding extremes. Suitable amusements are to be provided, but children are to be encouraged to invent amusements for themselves. Play is to be as spontaneous as possible. Children are not to be pampered with toys nor are their innocent lives to be corrupted with luxuries. From the very beginning they are to be directed in the healthy way of life, so that they will, by experiencing pleasure in doing what is right and pain in doing what is wrong, gradually and continuously be acquiring a true appreciation of the things that in later life will turn out to be most worth while. Generally speaking, the object of education will be not so much to fill the youthful mind with knowledge of details as to train it to acquire knowledge and to attack in an independent way the solution of problems. The first significance of the knowledge thus acquired will be to afford an appreciation of the true values and rich possibilities of life. As the educational program proceeds, more and more attention will be given to the study of the pure sciences. These furnish the finest training in that disinterested attitude toward truth which is the philosophic way of life described by Pythagoras. It is the sort of training that inspires men and women to rise above the narrowing, perverse limitations of private interests, party politics, religious creeds, and, in general, the controversies and bickerings of the crowded, dusty streets, to gain in the pure, clear air of the hilltops an inspiring vision of the true dignity of life and the fair prospect of a happy humanity.

I have endeavored to indicate how the greatest philosopher of antiquity, and perhaps the greatest philosopher of all time, looked at some of the problems that have become the central interest of the mental-hygiene movement. I have

chosen to do so hoping to emphasize the necessity of endeavoring to make up for much time sadly lost in straying from the path indicated by Plato with such clarity, sincerity, and beauty of expression. Three and a half centuries after Plato's death a great religious path-finder was born at Bethlehem. He pointed the way to a life of surpassing beauty, warmth, and inspiration. But the magnificent message that he bequeathed to the world became so befogged with unintelligible theological controversies, and so devitalized with an exaggerated sentiment foreign to the true vigor of his teachings and the example of his own life, that a religion which should have made the most universal appeal to humanity as a whole has remained limited in its scope, and has, in fact become hopelessly divided against itself. Here again we have failed miserably to follow in the steps of a great master. Truly we may say: "We have left undone those things which we ought to have done, and we have done those things which we ought not to have done, and there is no health in us." If any one is in doubt of our failure, he need only consider facts fresh within his own experience—the events that led up to the Great War, the inhuman cruelty, sufferings, and sacrifices which that war involved, and the chaos that followed and that, in spite of our best and most sincere efforts, seems sometimes to grow more and more hopeless. It is not my purpose to criticize the Church for its shortcomings, great as they have been, in failing to establish the true brotherhood of man and the friendly coöperation of Christian nations. I can have only the greatest respect for an organization the sole purpose of which has always been to promote the spiritual welfare of humanity, and without which civilization might long ago have crumbled to the dust. In spite of this, however, the Church needs a *katharsis* which will clarify the fundamental principles of religion, heal its divisions, and bring the harmony of a united front into its appeal to men and to nations. So it is that there is to-day room for efforts, free from religious prejudices and theological dogma, which may, perhaps, hope for reasonable success where the Church has failed, just because the appeal is to scientific knowledge, inspired and directed by a great vision of life, rather than to uncritical sentiment or to authority.

This was indeed just the type of appeal that Plato made with such consummate understanding and skill.

The mental-hygiene movement began with an interest in the humane and scientific treatment of the insane, and gradually extended its interest to mental defectives and criminals. Its object was to relieve or to alleviate as far as possible the distress of these unfortunates, and of course, indirectly, that of their friends. But it is recognized that there is distress in plenty outside of our mental institutions and our prisons—that, in fact, the amount of unhappiness in the world is appalling. And now mental hygiene, with its double remedy of cure and prevention, finds its sphere enlarged to include, not only the mental ills of individuals, but those of society, manifested in diseases ranging all the way from political corruption to war—diseases that eat into and destroy the fiber of the social fabric and undermine the happiness of individuals and of nations.

We have seen how the Greek idea of *katharsis*, beginning also with its application to the treatment of mental disorders, gradually grew into a great purifying philosophy of life. We need the same sort of *katharsis* to-day. We need a purification of our politics based upon knowledge and understanding of the great problems that confront us, and freed from private interests and corrupt party politics. We need an ennobling of our learned professions based not upon a smattering of "professional ethics," but upon a broad and thorough training in ethical principles. We need more scientific technique, more intensive research and training in child psychology, more coöperation from parents and the public, and, above all, a more thorough grasp of the fundamental aims and principles of education, in our teaching profession. Finally we need to give something of the same attention to the cultivation of the social sciences as we do to the development of the physical sciences. Only when we see that life is something much larger than the acquisition of wealth, and that our spiritual life is infinitely more important than all our material resources stored up in the earth and in the sea, will we gain a true vision of that "way of life" which leads to genuine progress in the achievement of human perfection and the realization of human happiness.

ABSTRACTS

MENTAL HYGIENE AND ITS RELATIONSHIP TO THE MEDICAL PROFESSION.

By Lloyd H. Ziegler, M.D. *Journal of the American Medical Association*, 97:1119-21, October 17, 1931.

With the aim of securing information as to the extent of the general practitioner's interest in neuropsychiatric problems and the mental-hygiene movement, interviews were held with 103 physicians practicing within a radius of seventy-five miles of Albany. The questions asked in these interviews, with summaries of the replies, are reported by Dr. Ziegler as follows:

1. "What percentage of patients that consult you would you guess have no very definite bodily disease as a basis for their complaints?"

The estimates of the 80 physicians interviewed on this point ranged from 1 to 90 per cent, with the average at 19.7 per cent. The higher percentages were given by physicians practicing no surgery.

2. "Approximately how many patients do you send to a hospital (state or private) for nervous or mental diseases each year (average)?"

This question was discussed with 94 physicians, whose answers ranged from none to 30, with the average slightly over 7. Many of them admitted frankly that their understanding of such patients was not as adequate as they would wish.

3. "To what extent are you interested in (a) nervous patients, (b) mental patients, (c) diseases or conditions in which the brain, spinal cord, or nerves are affected?"

The answers to this question grouped themselves as follows:

		"Little," "moderate," "casual," "slight"	Much interested	Total number interviewed
	No interest	interest		
Nervous patients.....	12	55	28	95
Mental patients.....	25	56	12	93
Neurological lesions of brain, cord, nerves...	9	56	26	91

The main interest in this field often centered around some problem in differential diagnosis, such as goiter and nervousness, gastric disease and "gastric neurosis," heart disease and "cardiac neurosis." It is evident that the major emphasis in developing the physician's

concept of disease has been upon organic pathological changes. Too little consideration, apparently, has been given to the conception of the patient as a whole person.

4. *"How often do parents consult you about the troublesome misbehavior or disobedience of their children?"*

Ninety-eight physicians were interviewed on this question. Thirteen reported that they were never consulted about such problems; 61 that they were occasionally or rarely consulted; and 24 that they frequently had inquiries of this kind. It would appear from this that the general practitioner has been doing a certain amount of child-guidance work.

5. *"Have you treated patients with nervous breakdowns who recovered under your care?"*

Eighty-one of the 103 interviewed replied in the affirmative. About 90 per cent admitted that there were in their communities patients with mental diseases who might be benefited by treatment in a mental hospital. For the general practitioner who is interested in such problems, there are obviously excellent opportunities for study and practice right at hand.

6. *"What do you know about the mental-hygiene movement?"*

Of 99 interviewed, 46 stated that they knew nothing about it, and 48 knew "very little" or had only vague ideas about it; 5 were well informed.

7. *"Has the mental-hygiene movement helped you in any way?"*

Thirteen replied that it had; 8 reported "some," "questionable," or "little" help; and 77 answered "no." "Between one-fourth and one-half of those interviewed expressed a desire to know more about the mental-hygiene program and stated that they felt its usefulness to them would depend on more information about it." In Dr. Ziegler's opinion, the mental-hygiene movement has undoubtedly helped these physicians more than they realize, but it has been too exclusively confined to the large cities and has not given as much support as it might to the general practitioner.

8. *"What has been the source of most help to you in caring for nervous and mental patients?"*

Twenty-one reported help derived from contacts with state or private institutions, the state department of mental hygiene, or state clinics; 19 mentioned consultation with a psychiatrist; 10 had obtained help from textbooks, medical journals, or the exchange of experience with members of the county medical society; 6 had found a change in the patient's environment helpful, and 6, a painstaking study of all the factors in the case as a basis for gaining the patient's confidence; 5 listed physical therapy, 4 the assistance of the family,

and 3 sedative drugs; removal of source of worry, amusement, and psychotherapy were each given twice; and county nurse, better associates for patient, common sense, and acquaintance with a physician who had had a breakdown each appeared once. These answers, Dr. Ziegler feels, are a testimony to the resourcefulness of men not specially trained in the care of this type of patient.

9. "What special inquiry do you make regarding a patient's (a) feelings or emotions? (b) thoughts? (c) behavior?"

The answers to this indicated that these factors are considered and estimated vaguely, but not systematically. In view of the importance that they may have in any illness, attention should be given to them in taking the bedside history of every patient, no matter what the disease.

Though the replies showed lack of interest in many of the group interviewed, they revealed also the opportunities for mental-hygiene work that lie open to the general practitioner when his interest has been aroused.

Mental hygiene is a part of the public-health movement, and it must develop as other branches of that movement have developed—through research, with emphasis upon facts rather than upon theories, and through education of the public in the knowledge thus secured. Knowledge and education are eliminating the infectious diseases; they will be of progressively less concern to the physician of the future. But more and more he will be called upon to deal with mental and nervous disorders arising from the conditions of modern life. To awaken the interest of the student in these problems, and to teach him what neuropsychiatry has to offer in the way of therapy, is the task of the medical schools and hospitals.

THE MEANING OF FREEDOM IN EDUCATION. By Margaret Mead. *Progressive Education*, 8:107-11, February, 1931.

In this paper an anthropologist looks at the modern educational doctrine of freedom for the child. As interpreted by its more extreme exponents, this doctrine would do away with any form of supervision or direction, the idea being that the child, if left to itself, will evolve something new and valuable out of its own mind. Raw materials would indeed be provided—cardboard, clay, wood, etc.—but no models; or, if models were permitted, they would be forms through which other civilizations have expressed themselves, not those characteristic of our own.

This theory is based upon three assumptions: (1) that our civilization is lacking in many ways, particularly in opportunities for the development of self-expression; (2) that our educational system is

partly responsible for these deficiencies; and (3) that they can be remedied by a method of education that leaves children to their own devices.

The first assumption is undoubtedly true, but the second is doubtful. Many as are the faults and failings of our schools, they can hardly be held responsible for the poverty of our culture. They are merely trying to transmit to the next generation what the adult world wishes transmitted. They may be doing this very badly and inadequately and for that they can be criticized, but they cannot be criticized for what they are trying to transmit, since in that respect they have no choice.

And it is the matter transmitted, not the method of transmission, that determines the results. This can be proved by observation of methods of education among peoples in different stages of civilization and in different parts of the world. To take three examples, the Plains Indians, the Samoans, and the Manus of New Guinea bring up their children by completely different methods. The Plains Indians treat them with gravity and consideration as little adults; the Samoans relegate them to the background as far as possible, use them for the tiresome little tasks of the community, and expect them to be always at the beck and call of their older relations; and among the Manus they are spoiled and indulged and allowed their own way in everything. And yet these three different methods of education lead to exactly the same end result—a repetition of the older generation. The children in each case develop into typical members of their society, as like to their parents as peas to peas.

But our civilization has introduced a new ideal into education. Instead of merely transmitting the cultural heritage of the society into which the child is born, it is to go further and produce something different and better. There are three ways in which this can be done. One is that of the William Morris school, which attempted to re-create a past state of society by reviving medieval ideals of craftsmanship in a machine-minded generation. The second is that of the modern educational movement in Russia, where the children of the nation are being rigidly trained in the aims and ideals of a state that is still in process of being born. Both of these procedures are perfectly practicable, since determined adults, with faith in what they are teaching, are usually able to put it over on the children in their charge. The only criticism is that a child brought up in artistic or social ideals that are alien to the world in which it must sooner or later take its place may find the adjustment to that world difficult or impossible.

The third educational prescription for the creation of a better order

of things is the one already mentioned—that of leaving the child free to evolve according to the laws of its own nature into a new type of being, infinitely desirable, but absolutely undefined. To determine the truth or falsity of this point of view, it is unnecessary to depend upon theory, since an experiment of this kind has actually been made, although unconsciously, by a primitive society. Among the Manus of New Guinea no attempt is made to teach children anything; they are left completely to their own devices, to amuse themselves all day long unhampered by supervision or even suggestion from adults. They are very intelligent children, keen and alert, but instead of using their freedom to devise new and interesting forms of self-expression, they spend their time splashing about in the lagoons or wrestling, playing the simple games handed down to them by past generations of children, or lying about in the shade, infinitely bored by their endless leisure.

A group of these children were supplied by the author with pencils and paper and they were encouraged to draw, but no instructions or criticisms were given them. They took to this new occupation eagerly, and for five months, with unflagging zeal, they drew on every blank surface they could find. Their energy and enthusiasm left nothing to be desired—but they failed to produce anything that remotely resembled art. With a little instruction in some definite style, they would have been doing good work in no time. But it would have had to be a style consciously developed by gifted adults, not one generated by the spontaneous activity of children.

Those who are aware of the great difficulty with which even great geniuses have made new contributions to the world will know that it is useless to expect them from the inexperienced child, ignorant of techniques and without understanding. Up to a certain point, the freedom emphasized in modern education is of value. Granted that the child must follow a road laid out for it by some adult, it is better for the personality of the child if, instead of having to be coaxed or bribed or whipped along, it can be given the feeling that it is following the road of its own choice. But the teacher must never lose sight of the road or encourage the child to waste its time wandering aimlessly down bypaths.

Civilization cannot be changed in the schoolroom. The futility of that hope will be evident to any one who studies the varying educational methods of different peoples and observes how inevitably the children of each society become the adults of that society. It is in the market place, not in the schoolroom, that changes and reforms must originate. It then becomes the task of the educator to conserve the gains so made by passing them on to the next generation.

A SHERIFF TRIES CRIME PREVENTION. By Gerald Cress. *Journal of Criminal Law and Criminology*, 22:422-29, September, 1931.

For the last seven years the author of this article has been sheriff of a county of about 36,000 population in Iowa. During the first two or three years, he devoted himself with enthusiasm and energy to carrying out his duties as defined by the Iowa code—to ferret out crime, apprehend criminals, and secure the evidence for their conviction. Evidence was secured against criminals of all kinds, from bootleggers to murderers, and, what is more, was used to convict them. To quote the author's own words, "In the years since my election, the state has never lost a crime case in our district courts where the evidence was prepared in our office."

In spite of all this, however, crimes continued to be committed, and the sheriff came to the conclusion that his efforts were being more or less wasted—that it would be "better for the individual, better for society, and cheaper for the taxpayer to prevent crime rather than to wait until the crime had been committed and then apprehend the criminal and convict him." The prevention of crime was not, to be sure, one of a sheriff's duties according to the code, but he decided to see what he could do in that direction and began a study of the various crimes committed in the county, with the aim of determining their sources and attacking those.

The more obvious sources of serious crimes such as homicide were found to be the gambling dens and speakeasies of the county's foreign population—Greeks, Bulgarians, Austrians, Italians, Mexicans, and Chinese, most of them not naturalized. These plague spots were eliminated by a patient, persistent campaign of interference with their activities, which finally made it clear that it would not pay them to operate in that district. Homicides among the Mexicans, numbers of whom come to the city in the fall after working in the beet fields, were stopped by requiring that they check in their guns upon arrival and vigorously enforcing the requirement.

Another important source of crimes of violence was found to be domestic difficulties. The author, therefore, began to interest himself in these. As soon as this fact got abroad, he was busy with interviews. "It is impossible," he states, "to enumerate the various family difficulties which have been settled through our office. I was more like a judge of domestic relations, and I found that many married couples, if they had the opportunity to tell their troubles to some person in whom they both had confidence, soon patched up their difficulties. Husbands and wives have repeatedly called at my office and asked me to assist them in framing their mates, by catching them in compromising situations and thus 'scaring' them to go along the

strait and narrow path. This method of procedure never appealed to me and I always refused. However, I was able to talk with them in such a manner that usually by the next day I had both man and wife in my office, listening first to one side of the problem and then to the other, though in many cases with 'violent interruptions.' In some cases the matter ended in the divorce court, but they were the exception rather than the rule."

The same method of talking it over was resorted to with angry relatives seeking vengeance for the betrayal of some young girl of the family by her erstwhile lover. Many cases of this kind have come to the sheriff's office and much has been accomplished with them through the administration of advice and counsel.

The prevention of robberies was approached through the method of educating the public to coöperate with the sheriff's office in putting a stop to them. Banks, for example, were instructed as to what to do in case of a hold-up. The equipment of the sheriff's office was explained to them, including an arrangement for the pursuit of bandit cars by airplane, and they were assured of every assistance that he could give them. In a few cases he encountered indifference, the banker preferring to let the insurance company take the risk, but the majority of the banks were interested and ready to coöperate.

Somewhat the same method was used in attacking the problem of farm robberies, which were causing the farmers tremendous losses and which they seemed helpless to combat. Through talks at farm-bureau meetings and articles in the farm papers, farmers were informed as to how to mark their live stock for identification purposes and as to exactly what evidence was necessary to convict. In each of the various townships a sort of citizens' police was formed, with which the sheriff kept in touch for information as to conditions in that particular community.

Another type of law-breaking that was attacked on the preventive side was the violation of traffic regulations, which was resulting in accident after accident. After a strenuous attempt to put a stop to this by arresting and fining all offenders, the sheriff instituted, instead, a campaign for safe driving. Red tickets were prepared, and his deputies were instructed to hand them out, not to traffic offenders, but to *good* drivers. The inscription on these tickets congratulated the driver on his "safe, sane, and sensible" driving and urged him to continue it, calling his attention to the great number of accidents in the state. The result of this new move was sensational. Every one wanted a red card. Traffic violations, on the other hand, were handled by sending a card to the offender asking him to call at the office, where the matter was talked over with him and the safety program ex-

plained. "Invariably," the author states, "the owner of the car was profuse in his thanks. Instead of making enemies, we sought to make friends."

The results of this campaign of crime prevention may be summarized as follows:

Although up to 1926, there had been two or three murders in the county every year, for the last five years no murder has been committed.

There has been no attempt to rob a bank, although practically all the counties around have suffered from the depredations of bandits. Farm robberies have not, it is true, entirely ceased, but they have gradually diminished in number and are sporadic. Organized gangs of farm thieves have disappeared.

The county has very few traffic accidents, although there are no traffic cops on the roads outside of the towns.

And the cost of holding court has been reduced about 40 per cent, with a saving to the taxpayers of from \$12,000 to \$15,000 a year.

In the course of carrying out this program, the sheriff has been able to establish friendly contacts with the schools of the county through his work with juvenile delinquents; and has also kept in close touch with a number of individuals paroled to him, there being no probation officer in the county. Talking things over with them in a friendly way and bucking up their resistance when they seem to be running into temptation has, he feels, been of material help to them in keeping their paroles.

In the author's own estimation, the experiment has shown that such an officer as a sheriff "*is of more value to his county through his extra-legal activities than by following faithfully the duties prescribed by statute*"—that however useful he may be in routine work and in crime detection, it is *crime prevention* that pays the best dividends.

BOOK REVIEWS

MASTERS OF MENTAL HEALING. By Stefan Zweig. New York: The Viking Press, 1932.

The Viking Press deserves the thanks of those of us who are identified with mental hygiene and psychiatry for making available in English this book by Stephan Zweig. The original appeared in German and was well received in Europe. The present edition is written in splendid English. Indeed the translation is so good that one questions whether the original could possibly be superior in language and style.

Although the book was written by a layman and was intended no doubt primarily for lay consumption, nevertheless it is worthy of the attention of every specialist in our field. While there may be little that is new for the psychiatrist, he will be fascinated by the clear-cut presentation of the factual material and by the author's flashes of shrewd insight.

As to the actual content of the book, it is an account of the contributions to psychotherapy of Franz Anton Mesmer, Mary Baker Eddy, and Sigmund Freud. The selection of this trio as great pioneers in the realm of psychological healing in itself challenges attention. No one, of course, would question the inclusion of Freud in the group. Whether we be psychoanalytically inclined or not, we all realize that Freud—more than any one else in our generation—has set the world to thinking about matters psychological. And even if his method of psychoanalysis as a therapeutic technique is gradually discarded or greatly modified in the course of time, it is almost a certainty that his reputation will grow rather than diminish, because much of his teaching has already been absorbed into psychiatric philosophy and practice.

But how many of us would have selected Mesmer and Mary Baker Eddy as the other two to be included in this distinguished group? Perhaps we might have been tempted to select from such names as Charcot, Janet, Adler, Jung, Kraepelin, and others identified with British and American psychiatry. As we read Zweig's book, however, we realize that his choice was well made.

At the outset, he disarms criticism by stating that he does not pose as an expert. In referring to the therapeutic methods advocated by his three "masters," he says:

"I have never practiced these methods myself, nor had them applied to me; I am not fanatically convinced of the efficiency of any of them, nor am I moved to write about them out of gratitude. Hence I hope that, since I have made my selection purely on the ground of the psychological interest all of these three figures and their teaching manifest, I shall not be accused of being a mesmerist or a Christian Scientist or a devotee of psychoanalysis. I am well aware that these doctrines could become effective only by an exaggeration of their fundamental principle, that each of them represents a further whetting of what has already been whetted to an extreme."

Again, in his introduction, he states:

"I do not propose to undertake a systematic history of every kind of mental healing. My only desire is to portray ideas as embodied in certain human lives. A thought grows in a man's brain, and then leaps from this man to invade the whole world. It seems to me that such a spiritual happening makes the idea more concretely intelligible than could any formal or detailed history of its origin and spread. I have, therefore, chosen three persons who, going their several ways, have worked upon the same principle and brought healing to hundreds of thousands: Mesmer, by means of suggestion, strengthening the will-to-health; Mary Baker Eddy, by the anæsthetic ecstasy of faith, conjuring pain and sickness out of the world; Freud, by rendering the patient aware of the conflict that burdens the unconscious and thus enabling him to escape its spell."

The author attributes to Mesmer the rôle of a Columbus in opening up the rich therapeutic realm of suggestion. To quote:

"The upshot [of Mesmer's work] was that, building better than he knew, he achieved far more than the discovery of one new route; like Columbus, he discovered a new continent, with innumerable archipelagos and unexplored regions; he it was who discovered psychotherapy. For all the recently opened domains of psychology—hypnosis, suggestion, Christian Science, psychoanalysis, and even spiritualism and telepathy—are to be found in that new continent which this tragically neglected man discovered unwittingly. Others have reaped where he sowed; others have achieved fame where he won nothing but disdain and contumely. His contemporaries passed judgment upon him and sentenced him. Now the time has come for us to reconsider their verdict, and perhaps to arraign his accusers."

The opposition that Mesmer encountered on practically every side from the scientists of his day is not without its parallel in our present world of science. I think we must admit that the mental and the social sciences are in this day and generation tolerated by scientists in other fields rather than accepted. Indeed, skepticism and antagonism are not unknown. And bold leaders in these sciences are often looked upon as fanatics or worse. In other words, we are now living in a materialistic world that has so glorified the physical and biological

sciences that any other branch of human inquiry, with techniques to suit its own purposes, is frequently viewed with misgiving and suspicion. This attitude has affected mental and social scientists so that the majority bow to the prevalent trend and lack the boldness necessary for original work of consequence. So this reading of Zweig's account of Mesmer—and of Freud also—should give courage to those of us who may be developing inferiority complexes.

The sketch of Mary Baker Eddy is well done. It can take its place with the admirable analysis by Pierre Janet. To give a few of the high lights:

"She had nothing in her hand but a pen, and nothing in her extremely mediocre brain but one solitary idea. . . . Her success was utterly illogical. . . . By her very exaggerations she gave contemporary psychology a vigorous forward thrust, and ensured for herself a special page in the history of mental science. . . . The strongest man is always the man of one idea. Devoting to it all his energy, his will, his intelligence, his nervous tension, he often becomes irresistible. Mary Baker Eddy was one of these. . . . Wearing blinkers as she did, her own logic necessarily seemed to her stronger than the logic of all the rest of the world. . . . She insists upon our renouncing, once and for all, our arrogant earthly understanding. . . . Though it be nonsense she talks, yet there is method in it. Her preposterous illogicality is so logically, so consistently expounded that in the end it unifies itself into something that resembles a system. . . . We must not close our eyes to facts, and it has to be admitted that Mary Baker's system of quasi-religious suggestion continues to make a more effective appeal to vast numbers of persons than any more or less kindred method of suggestion. This gives the foundress of Christian Science a high place among practical psychologists. It is undeniable that thousands upon thousands have received more help from Christian Science than they could ever have received from officially qualified medical practitioners."

Christian Scientists would no doubt be amazed in reading Zweig's section on Mary Baker Eddy. It would be just as well, perhaps, if they did not read it, since the very value of their faith lies in their whole-hearted acceptance of Mrs. Eddy's doctrine. The reviewer of this book counts among his intimate friends many Christian Scientists—friends whom he respects—and he has never attempted to expose them to any other philosophy than their own. Indeed, to be effective, Christian Science cannot be mixed with any other philosophy. In penning these words, the reviewer does not wish, however, to disagree with the statements and estimates of Zweig, who, after all, is viewing the phenomenon of Christian Science objectively and from what he considers to be the scientific standpoint.

Readers of MENTAL HYGIENE will perhaps be most interested in the section devoted to Freud. A few quotations are herewith submitted:

"Regardless of the desire of his century to maintain a discreet silence, Freud insisted upon the urgent need for self-knowledge and self-avowal, for the disclosure of the repressed and the unconscious. In this way he began the cure, not only of numberless individuals, but also of a whole epoch that was mortally sick—a cure that was to be effected by the removal of its repressed fundamental conflict from the realm of hypotheses to the realm of science."

"In the case of a creative worker, what counts is, not where he set out from, but what place he ultimately reached. Freud set out from medicine, just as did Pascal from mathematics and Nietzsche from philology. Doubtless this origin gives his work a particular complexion, but that in no way retracts from or limits its greatness."

"Whether the libido is or is not sexually charged; whether the castration complex and the narcissistic attitude and this or that or the other article of the Freudian faith should be regarded as firmly established for all time—such matters have long since become mere grist for the controversial mill of university instructors, and are of infinitesimal moment when compared with the outstanding change wrought in our world by Freud's discovery of the dynamics of the mind and by his introduction of a new investigatory technique. Here we have a man whose creative insight has completely changed the picture we form of our inner life. The change is tantamount to a revolution in psychology and philosophy—the first to recognize this being those who stood on the old ways, the champions of a now vanishing order."

"It is not the business of science to lull the senses of man (the everlasting child) with soothing fantasies, new dreams for old. The mission of science is to teach men how to face the facts and to make the best of them in this harsh world of ours. That is the task at which Sigmund Freud, never resting, has worked with unexampled success. . . . Never has Freud, in order to minister consolation instead of unfolding truth, pointed to any road that might lead to a comfortable resting-place; never has he suggested the possibility of a flight into an earthly paradise or a heaven in the skies. Always he has shown the one way, the dangerous and difficult way, man can take into the depths of his inner self. Freud's insight has no consideration for human weakness, and not by a hand's breadth has his thought tended to make human life easier. Like a cold and biting north wind, his inroad into a hazy atmosphere has dispelled from the world of feeling many a golden mist and many a rose-tinted cloud, so that the cleared horizon offers a new and more informative outlook into the realm of mind."

"He is unfailingly autocratic and intransigent; and it is above all when he is at war, fighting alone against a multitude, that there develops the unqualified pugnacity of a nature ready to face overwhelming odds."

"Being neither easy-going nor hasty in the matter of formulation, he often waits for years before he proclaims as an opinion what has in the interim been only a supposition. To a constructive genius of his

caliber, sudden leaps of thoughts or premature generalizations are out of the question. Unblinded by enthusiasm, advancing warily step by step, Freud is the first to see where the footing is treacherous."

"Certainty comes slowly to Freud; but when he has acquired it, nothing can rob him of it."

"Compared with the intoxicating prose of Nietzsche, full of artistry, scintillating with rhetorical fireworks, Freud's writing seems jejune, cold, and colorless. It does not stir the reader; it does not woo him; it has no background of poesy, nor any musical rhythm. . . . It is purity or clarity of thought which is Freud's sole aim."

The above quotations might have been penned by an ardent Freudian, but although Zweig undoubtedly recognizes Freud's genius, his admiration does not preclude critical judgment. In the following passages—to the mind of the reviewer the best passages in the book—Zweig steps out of his rôle as biographer and draws our attention to possible dangers in the application of psychoanalysis:

"How often does psychoanalysis effect a complete deliverance? Not very often, I fear. The method requires such a delicacy of feeling in those who practice it, needs such purity of vision and understanding, and so lavish an expenditure of precious spiritual substances, that only one with inborn gifts can be successful in this field. . . . Because of the rarity of such a combination of qualities as are needed to form the true master of mental healing by the psychoanalytical method, psychoanalysis should always remain a vocation, a mission, and should never become (as unhappily it often does to-day) a mere occupation or business. Freud himself seems to me to take too indulgent a view of this matter; and when he says that his interpretative art, though it needs tact and practice, is 'easy enough to learn,' I feel impelled to write in the margin a large and almost angry question mark. He declares that it is not difficult to 'manage.' I think the use of this term 'manage' or 'manipulate' unfortunate, as applied to a process in which the mental, indeed the inspirational, forces of spiritual knowledge are requisite; and I regard the statement that the technique of psychoanalysis is 'easy to learn' as positively dangerous. For, just as little as a knowledge of the technique of versification will make a poet, just so little will the most sedulous study of the technique of psychoanalysis make a true psychologist; and no one but the true psychologist, no one without an inborn talent for imaginative insight into the human mind, should dream of trying to touch this most delicate, most subtle, and most sensitive of all our organs. I shudder to think how risky an inquisitorial process such as that thought out by a creative spirit like Freud, with the utmost refinement and with a full sense of responsibility, might become in clumsy hands. Probably nothing has tended so much to bring psychoanalysis into disrepute as the fact that it has not been restricted to a narrow and aristocratically selected circle of experts, but, though unteachable to most, has been taught in the schools. In this hasty and inconsiderate passing of it on from one ignoramus to another, many of its concepts have been coarsened and even soiled, with the result that

that which to-day in the Old World and still more in the New passes by the name of psychoanalysis among its regular practitioners or among amateurs has often no more than the aspect of a disastrous parody of the method patiently elaborated by the genius of Sigmund Freud. Any one who looks at the matter without prejudice will agree that, owing to the prevalence of such crude analyses, it is really impossible to decide to-day to what extent psychoanalysis proves genuinely curative, and whether, after the inrush of laymen of questionable ability and dubious reputation, it will ever be able to maintain the absolute validity of a clinically exact method. As to this, the future alone can decide."

To conclude, the reviewer can with a clear conscience commend the book heartily. It is his hope that a wide circle of readers may share the stimulus and pleasure to be derived from a perusal of its pages.

CLARENCE M. HINCKS.

The National Committee for Mental Hygiene.

CONTEMPORARY SCHOOLS OF PSYCHOLOGY. By R. S. Woodworth.
New York: The Ronald Press, 1931. 232 p.

This book grew out of a course entitled *A Survey of Contemporary Psychology*, which was given by the author at Columbia University. Professor Woodworth's aim is to describe in cross section the trend or trends of present-day psychology, rather than to present his own point of view on psychological problems. The psychological systems described are those of existentialism, behaviorism, Gestalt, psychoanalysis, and purposivism.

According to Professor Woodworth, all of these schools but one, existentialism, started as revolts against the established order of the day. To make the interrelationships clearer, Woodworth starts by sketching the "established order" of the last quarter of the nineteenth century, pointing out that this established order itself had started as a revolt against an earlier background. The experimental psychology of 1900 was largely a product of the German laboratories, especially that of Wundt. While employing experimental procedures, borrowed originally from physiology, this older psychology was dominated by the associationistic philosophy of the day.

As the body of psychological knowledge increased, however, some of the younger and more radically minded men came to feel that the leaders of the older school had neglected various important aspects of the subject matter of psychology. Accordingly we find these supposedly neglected aspects becoming keynotes of new systems of psychology. Thus the new schools have tended to become one-sided, since each of them has stressed, perhaps unduly, a single phase of the subject matter. Thus, for example, behaviorists over-emphasize

bodily movement; Gestaltists, the perception of pattern; and Freudians, the wish.

As stated above, existentialism, also known as introspectionism or structuralism, does not fit into the "revolt" scheme of things. Existentialism can be regarded as the Wundtian psychology carried to its natural conclusion. Both of these systems defined psychology in terms of consciousness, but while the Germans merely sought to analyze the content of consciousness into its simple elements such as sensations, existentialists in their analysis stressed the necessity to "forget all meanings and values and all reference to anything beyond the experience that is being described." The result was, of course, the creation of a science that dealt with artificial abstractions, far removed from the actual experience of any but the highly trained introspectionist. It is probably because of this highly academic character of existentialism that it has been gradually crowded out of the general psychological horizon by some of the later schools.

Behaviorism and the Gestalt school arose almost simultaneously, the former in America, the latter in Germany. While behaviorism, in the person of John B. Watson, objected to traditional psychology on the ground that nothing significant for human development could be learned by a painstaking analysis of consciousness into sensations, and preferred to analyze behavior into reflexes, Wertheimer, Köhler, and Koffka, the founders of the Gestalt school, objected to the whole concept of an analytical approach.

The aspect of the study of the individual that Watson stressed was that man is primarily a biological organism whose overt behavior is much more important than the state of his consciousness. "It seemed to him that the introspectionists pretended to observe something immaterial and outside of the natural phenomena." He proposed to apply to the study of human psychology the same objective methods that had proved successful in the study of sub-human animals. It should be pointed out, however, that far from being, as Watson would like to have us think, a new movement, behaviorism had its predisposing causes in the contributions to behavior study that had been made by objective methods by various psychologists, regardless of their school affiliations. And now, almost twenty years after the formal birth of behaviorism, as one glances over the products of the psychologists whom Woodworth classes as behaviorists—and one suspects that some of them, especially Franz and Lashley, would object to being so classed—one cannot but feel that the followers of Watson have treated their theories as dogma and not as hypotheses subject to further experimentation. As Woodworth puts it, behaviorism is

"a program rather than a system, and a hope rather than a program."

The leaders of the Gestalt school, on the basis of some experiments in the field of perception, had come to doubt the value of analysis as the chief method of explanation of psychological phenomena. They had two main objections. In the first place, they felt that the analysis of subjective experiences into elements creates an artificial problem—what is it that holds the elements together? In the second place, even if the above problem were soluble, there would still remain the fact—experimentally ascertained in some cases, logically inferred in other cases—that the whole of integrated experience is more than the sum of its parts. Something is lost in the analysis. So, the Gestalt psychologists say, "let us turn our attention to organized wholes; let that be the guiding principle of research." There follows an extremely interesting account of the types of problem tackled in Gestalt laboratories: the perception of movement and of form, the psychology of action and of motivated behavior, the problem of learning, and finally the Gestalt theories of "brain dynamics" offered as a hypothetical explanation of some psychological phenomena. It is somewhat puzzling that Woodworth, whose interest in physiological psychology is well known, makes no comment on this theory of "brain dynamics," which is based much more on psycho-philosophical speculation than on physiological research. In this whole treatment of the Gestalt school, more so than in the rest of the book, Woodworth remains expository rather than critical. His treatment is fair and sympathetic, and his delineation of the Gestalt attitude toward various problems, as compared, point for point, with other interpretations, makes this one of the best and clearest brief accounts of the German school available in English.

The last two movements discussed are psychoanalysis and purposivism. Each of these might be called a psychology of motivation. McDougall, the chief, not to say the only, exponent of purposivism, objected to traditional psychology on the ground that it was at once too intellectualistic and too static. The motives in which he is chiefly interested are the instincts, and his whole system is built around instincts as native springs of action. Psychoanalysis, on the other hand, does not even bother to protest against current psychologies—it simply ignores them. As Woodworth reminds one again and again, Freud has never claimed that his system presents a complete picture of mental life. Psychoanalysis might be interpreted broadly as a psychology of motivation, or more narrowly as a branch of psychiatry dealing chiefly with the psychogenic origin of the psychoneuroses. Of course, in its popular appeal, it has become a religion and a

philosophy as well. As Woodworth sees it, the greatest contribution of psychoanalysis, like that of behaviorism, lies in clearing the atmosphere and in emphasizing an aspect of mental life that had hitherto been neglected. He deplores the fact, however, that psychoanalysts in general prefer the invention of intriguing hypotheses and the citation of illustrative cases to the slow and tedious process of testing hypotheses.

Lest the lay reader gain the impression that party disputes and the waving of banners are the only preoccupation of psychologists, Woodworth concludes with a chapter entitled *The Middle of the Road*. Professor Woodworth himself belongs to the large group of psychologists—the majority, he suspects—who are less concerned with party allegiance than with the experimental investigation of particular psychological problems. It is an interesting fact that most of the men mentioned in this chapter are Europeans. One cannot deny that this preoccupation with schools and systems is far greater here than abroad. Neither can one help wondering if this fact is a comment on the temper of American psychologists in general, and if so, to what extent such a temper is justifiable. A final test of the value of schools might be the question, Do they produce light, either as a source of clearer orientation in the complexity of psychological data or in guiding and directing research, or do they merely produce heat? Woodworth expresses his own attitude in the statement that “if any one needs the excitement or the stimulus of a special loyalty to a school,” he should certainly ally himself with one, implying that such an allegiance might be a help to some of our weaker brothers. He is, perhaps, unduly optimistic about the essential agreement between psychologists from different camps. Certainly, the book leaves one with the comfortable impression that while there are schools, there is also a general psychology, with a respectable fund of facts, theories, and interpretations built up gradually during the last fifty years from material contributed by camps of every denomination.

HANNA F. FATERSON.

Smith College.

NOUVEAU TRAITÉ DE PSYCHOLOGIE. By Georges Dumas. Volume 1. Paris: Librairie Felix Alcan, 1930. 425 p.

It is now some seven or eight years since Professor Dumas, of the Sorbonne, issued the first volume of his *Traité de Psychologie*. This was a doughty volume of nearly a thousand pages, which at once became the standard work representative of the French psychological school. Then, as in the case of the *Nouveau Traité*, he assembled a mighty band of collaborators, since even at that time psychological

specialism had so developed that no one master could command the whole field.

The present *Nouveau Traité* is planned on even more sweeping lines. It is to consist of seven volumes devoted to normal psychology and two to abnormal psychology.

This first volume devotes itself to the discussion of preliminary notions and to methodology. It is the work of eight collaborators, including Dumas himself, who writes an especially fascinating chapter on methodology, in conjunction with André Lalande, whose discussion of the various varieties of psychology, historically speaking, is most informing.

Man's Place in the Animal Series makes an especially auspicious opening. R. Perrier, of the Sorbonne, writes this chapter. It offers a rapid review of the development of the animal phylum, tracing briefly the evolution of the nervous elements to the Primates, and then enters into a more thorough discussion of the evolution of the higher animals. This chapter passes by easy stages to the next, by P. Rivet, of the Museum, which takes up in more detail anthropological data. Ethnological and linguistic factors are included in this masterly resumé and the subject matter of psychology is approached more closely than in the first chapter, which is chiefly zoological. The nature and significance of the mental envelope—i.e., the skull—in fossil man is very illuminatingly portrayed and some possible mental variations in the different fossil races are entered into. Primate fossils are also touched upon. A very short resumé of different racial languages is presented.

Professor Champy, of the Medical Faculty, then takes up the psychology of the developing child and of the different sexes. Preliminary to his consideration of the higher forms, he enters into a most engaging discussion of sex differences in lower animals, particularly their behavior as conditioned by sex differentiation. This chapter is all too brief, leading one up to most practical problems of behavior and tantalizingly leaving one with the moderate bibliography for further gratification of stimulated curiosity.

Professor Lapicque next discusses the general physiology of the nervous system. Here there is much elementary information which is new since it is worked out on the basis of his own work on chronaxia. Although not entirely unknown, this is of special interest here as coming from the originator of these new methods of studying nerve-current activities. Chronaxia as a protoplasmic property is set forth with great clarity. There is a special section on the weight of the brain and its correlation with intelligence.

Tournay's chapter on the special physiology of the nervous system is the one that will appeal especially to the worker in nervous anatomy.

It offers a quick and authentic survey of the chief anatomical aggregations of the nervous system and is richly illustrated with simple and useful diagrams.

Psychology proper begins to appear in the next chapter, by Dr. Wallon, of the Sorbonne, who contributes an essay on the problem of consciousness from the biological standpoint. Psychology suffers as does no other science by reason of this problem of consciousness. Wallon's discussion is up to date and thoroughly enjoyable.

The final chapters are by Dumas and, as stated, Lalande. Dumas' historical summary is short and valuable. It is an excellent short orientation to French psychological evolution. In another place we have called attention to what we consider a "boner" in the attributing to Janet of some of Freud's ideas, since it is here assumed that they were at Charcot's clinic together. Freud was there in 1885 before Janet had graduated from college or had anything but an A.B. degree. His name was not even known in the Charcot clinic until years after Freud had left it. This bit of misinformation is one of those mistakes that have been repeated in the literature for years, in spite of the fact that attention has been frequently called to it.

All in all, this is a very valuable presentation of psychology by reigning minds in French psychology. We will await with much interest the development of the *Traité*, which with this offering presents so much of major value.

SMITH ELY JELLIFFE.

New York City.

WHAT LIFE SHOULD MEAN TO YOU. By Alfred Adler. Boston: Little, Brown, and Company, 1931. 300 p.

The development of human ideas is always fraught with significance. Each age values its own mental products. Each group of thinkers bolsters up its judgment of its own activities. But a history of the ages indicates that ideas that at one time appear to be simple and unified gradually become complicated and diversified. This has been the case with the doctrines of Sigmund Freud.

One need but consider the great variety of analytic points of view at present prevailing to realize that the earlier czaristic domination of Freudian ideas no longer obtains. There are available other ideas, developed by those who have been associated with Freud as collaborators or as students, which have enriched human knowledge. Every systematic approach to human problems merits consideration and each idea deserves evaluation on its own merits. If truth is to serve life, all alleged truth must be accepted for examination and critical evaluation.

Among those who have propounded a special point of view that utilizes a part of the psychopathology of Freudian mechanisms, Alfred Adler is perhaps a leader. His specific system, known as "individual psychology," sets itself apart as an analytic approach sharply differentiated from psychoanalysis, a term certainly now attached to the more or less classical Freudian technique. Whether or not one agrees with Adler, familiarity with his doctrines is increasingly necessary. His ideas have had more influence in the educational field than in the psychiatric field, just as the analytic principles of Rank have been widely promulgated in the sphere of social work. It matters little which volume of Adler one reads; there is a fundamental unity in them all, without any evidence of a further development of his schematic approach during the last few years. He deserves credit for his theory of the inferiority complex as related to organ inferiority and ideational maladjustment. His emphasis upon the importance of the individual's position in the family constellation is at least occasionally useful in the interpretation of personal and familial difficulties. His phantastic, though optimistic "*jeder kann alles*" is based upon a belief in the compensatory spur resulting from an underlying weakness.

One can readily understand why the Adlerian doctrine has a definite social appeal for those who are grappling with significant inadequacies in human behavior. It is easy to grasp and is fraught with less distressing sexual symbolisms. His formula, however, which deals primarily with the socialization of individuals in terms of a maximization of the ego, does not totally ignore the sexual concepts that play such a large part in the Freudian scheme. Disregarding the repressions of the past as factors in motivation, he emphasizes the goals of life in terms of a pursuit of power. He rejects the "id" and fuses the unconscious to the conscious. According to his interpretation of dreams, therefore, the latent content indicates the style of life as applied toward the goal of achieving superiority. The masculine protest, the desire for identification with that which makes for an enriched ego, becomes a driving force. If, however, the goal becomes fictitious in its value, a neurosis is likely to appear.

What life will mean to you will depend, therefore, upon the development of an internal harmony in which the competitive element is reduced to its minimum, the style of life is favorable, and the goals of life are rational.

The book is edited by a man who is a poet and a disciple, but he is not to be held responsible in any way for the doctrines promulgated. Unfortunately the content is repetitious and somewhat prolix,

which is all the more regrettable because so many students of Adler have been putting out various of his lectures in book form. There is nothing new in the present volume to add to what has been said before. It is a re-presentation of what Adler believes, expressed by Adler. As such it deserves a reading, and undoubtedly it will be widely read because Adler's impress has fallen primarily upon the lay group, to whom the simplicity of his doctrines and his optimistic point of view make a strong appeal. Nor can the psychiatrist afford to reject individual psychology without due consideration. Prophets come and go, but truth in its purity arises from all theories distilled in the alembic of Time.

IRA S. WILE.

New York City.

CHILD PSYCHOLOGY. By John J. B. Morgan. New York: Richard Smith, 1931. 474 p.

The author of that excellent text, *The Psychology of Abnormal People*, has now given us one on child psychology that is of equal merit. The wide field covered is indicated by the chapter headings: *Methods and Objectives of Child Study; Infant Behavior; The Child's Adjustment to His Family; Motor Development; Emotional Development; Motivation; Development of Meanings; Imagination; Language; Verbal Learning; Thinking and Working; Play; Social Development; Intelligence; The Integrated Child*. When we realize that the data for these chapters must come from such varied branches of psychology and mental hygiene as educational psychology, studies of the pre-school child, mental measurements, and clinical case-work, we have further evidence of the scope of the book, and it is high praise to be able to say that Dr. Morgan has proved fully competent for his undertaking.

In this review we can do little more than touch upon some of the high lights in this very adequate text. One of these may be found in the first chapter. Here Dr. Morgan analyzes the various motives that may cause different people to be interested in child psychology, and suggests the need for awareness of such motives if the interest is to be maintained at an objective and unprejudiced level. The tendency of the professional person, for instance, is to place undue emphasis upon that portion of child study which is of immediate service in the particular profession. The teacher may become so interested in teaching methods that she ignores the child's emotional life. The pediatrician may be concerned with nutritional problems and diets to the exclusion of inquiry into parent-child situations that may be the basis for food fads and malnutrition. The parent who has

some particular goal in view for his child may utilize books on child training only to discover means of forcing the child to fit into an arbitrary pattern instead of trying to gain a better understanding of childhood in order to provide opportunity for the development of personality and abilities.

From the mental-hygiene point of view, another vital topic is the child's adjustment to the family (Chapter III). It would, of course, be impossible to cover a subject of this nature in a single chapter, but there has been a wise selection of some of the most significant aspects, such as the child's need for security; family jealousies—parent of child, child of brother or sister; projection of parental ambitions onto the child; the relation of the handling of illnesses to mental adjustment; problems of eating and sleeping. There is further discussion of parent-child relationships in Chapter V in the discussion of emotional development, and in Chapter VI in the consideration of motivations.

The outstanding feature of the text is the consistent focusing of the attention upon problems of adjustment and personality integration. No opportunity is overlooked to show the relation between the facts of child psychology and the application of the knowledge thus gained toward the end of adjustment and integration. Most modern texts express some concern with the mental and social adjustment of the individual, but few keep to this point of view with such complete clarity and consistency.

PHYLLIS BLANCHARD.

Philadelphia Child Guidance Clinic.

THE FAMILY IN THE PRESENT SOCIAL ORDER. By Ruth Lindquist.
Chapel Hill: The University of North Carolina Press, 1931.
241 p.

This is essentially a questionnaire study of something over 300 selected families of the upper intellectual and social levels, suspended in a running comment of a more general nature. The approach is socio-economic rather than psychological. Among the matters dealt with are the increasing industrialization of women, the lessening stability of marriage, and the outstanding place of child-rearing as a source of domestic strain; also the quantitative demands of house-keeping (even with modern technical devices, more than a full-time job) and the institutional characteristics of a well-balanced community. One of the more penetrating comments is on the interaction of the lengthening span of life and the old-age unemployment problem as well as that of caring for the old generally.

The book follows the custom, now fairly well established in our

literary *mores*, of a title that magnifies the content by several hundred per cent. Its evaluation is an extremely relative matter: as a Master's thesis, a very creditable piece of work; as a Ph.D. thesis, less likely to pass the more exacting scrutiny. It brings forward little, if anything, that is new or that has not been quite as well said elsewhere. Readers, both lay and professional, who are interested in its general subject will turn rather to works of the order of *Middletown*, at once larger and more concentrated. There is every reason why researches of this kind should be carried on, if only as exercise and training in research techniques, but it is questionable wisdom to give them so pretentious a setting as in this case.

F. L. WELLS.

Boston Psychopathic Hospital.

CRIME AND THE CRIMINAL LAW IN THE UNITED STATES. By Harry Best. New York: The Macmillan Company, 1930. 615 p.

This work is another of the increasing number of attempts to explain the situation with regard to crime and the criminal law in the United States. The author makes no claim to any extensive original contribution, but it is clear that he has diligently compiled and analyzed considerable information relative to crime and methods of crime treatment. This volume of substantial content should serve conveniently and usefully the student and the layman. Antedating the reports of the President's Commission on Law Observance and Enforcement, it forecasts many of the complexities, discouragements, and inadequacies revealed in the latter. The work is commended as a fulfillment of the aim of its author: to wit, "an elementary text—on the one hand, for the student who is seeking a fundamental acquaintance with the subject, and, on the other hand, for the citizen desiring a better appreciation of it."

E. R. CASS.

The Prison Association of New York.

OUR CRIMINAL COURTS. By Raymond Moley. New York: Minton, Balch, and Company, 1930. 271 p.

Equipped through a wide observation and study of conditions and methods and impelled by an earnest desire to improve the administration of criminal justice, with characteristic clarity and courage, Professor Moley here makes another useful contribution. In his *Politics and Criminal Prosecution*, he dealt primarily with the influence of the public prosecutor in the administration of criminal justice, pointing out the dominating importance of this office and depicting the rôle that politics play in it. In the present volume, his scope

of interest is broader, including consideration of most of the important phases of prosecution, from the primary hearing to the final appeal. In the introductory chapter, entitled *Perspective*, Moley reveals the complex and far-reaching problems involved in the administration of criminal justice, and indicates that there is no easily applicable solution for these problems. Of course he earlier makes it clear that his work "seeks no solutions, prescribes no remedies, and formulates no program of reform." He places the reader somewhat in the position of asking himself the question, "Now that we have been told how terrible it all is, what are we going to do about it?" The author, possessing crusading qualities, sees the evils and attacks them courageously, but seemingly without hope that much good will result. If members of the legal profession generally, or at least in more noticeable numbers, would more openly protest the conditions revealed in this work, then Professor Moley and those who sympathize with him in his efforts could be more hopeful. To those who want to know about the administration of criminal justice this work is highly recommended.

E. R. CASS.

The Prison Association of New York.

RACIAL FACTORS IN AMERICAN INDUSTRY. By Herman Feldman.
New York: Harper and Brothers, 1931. 318 p.

This book is one of a series published by an organization called "The Inquiry," whose character is portrayed in its own definition of its purpose: viz., "'The Inquiry' is a movement for the improvement of human relations and the development of improved social techniques. Its publications are intended to help promote effective social education, especially in dealing in conflicts between persons and groups of different race, religion, class, or nationality." This statement stamps the sponsors of "The Inquiry" as optimists, or at least as sanguine folk who believe that education can cure the ills that seem at times inherent in human nature. To understand is to cure, is the underlying philosophy of such organizations. This may or may not be true, but at any rate the attitude fosters research. Such books as the one under consideration bring to our attention in unmistakable manner the rifts that threaten our civilization.

Those who believe in the melting-pot ideal will find such a book as this destructive of their optimism. One gets a picture of the extent to which prejudice prevails in America, of the limitations and obstacles placed upon the social amalgamation of the Negro, the Italian, the Greek, the Jew, the Mexican, the Indian, and others, in this land which idealists suppose stretches out its arms hospitably to the oppressed and the hampered of all lands and of all colors. While a Negro, a Jew, an Italian, or an Indian may have no rational ob-

jection to social barriers that keep him from mixing on intimate terms with his American fellows, the prejudice becomes more serious when it prevents him from earning a decent living, keeps him from advancing in culture and economic status, herds him in slums, and degrades him physically and mentally. Yet this is exactly what American prejudice does, as Feldman well shows.

The immigrant and the differently colored are uncouth, often illiterate, and arouse what Wells calls "the derision complex" of their neighbors, a complex that leads us to inflate our own egos by deriding those who are different from or alien to us. When there is added to the derision complex the threat to industrial welfare in the rise of an alien group; when the Negro wants to reach above the servant class and enters into competition with the skilled white mechanic for jobs that are becoming scarcer; when the Jewish peddler becomes a merchant on his own hook and opens a store that competes in lively fashion with the more anciently established Yankee; when the Greek bus-boy becomes a restaurant owner—then derision changes into hostility, is transformed into fierce racial animosity, and leads to attitudes and acts that breed miniature wars and bring about the social demoralization inherent in civil warfare. To justify the prejudice, the social discrimination, and the destructive civil-war spirit, the superior group and those entrenched by virtue of a longer occupancy of the land make sweeping generalizations concerning the inferior nature and character of the alien or different groups. "Niggers are lazy"—thus disregarding in one sweep the large number of exceedingly industrious Negroes—or, "they are unclean, immoral." "Jews can't be trusted," or, "they are grasping and avaricious"—which generalization neglects the large number of leaders of the race who have inculcated morality and fair-dealing. "Dagos will kill you if they get into a fight"—which disregards the fact that only a small segment of the first generation is thus impulsive, and the second generation uses its fists in exactly the same manner as—in fact, in imitation of—the Yankee preceptor.

Feldman, like most men of his race, stresses the environmental factor in racial character and in group psychology and points out with quiet pleasure that in Benjamin Franklin's days no less a personage than the sage himself showed how inferior and threatening to American civilization were the German, Irish, and Scotch immigrants whose descendants later established Know-Nothing parties and spoke in similar terms of those who succeeded them in the rôle of immigrants. Said Poor Richard:

"Those who come hither are generally the most stupid of their own nation, and as ignorance is often attended with great credulity, when knavery would mislead it . . . it is almost impossible to remove any

prejudice they may entertain. . . . Not being used to liberty, they know not how to make modest use of it. . . . I remember when they modestly declined intermeddling with our elections; but now they come in droves and carry all before them, except in one or two counties."

The personality transformation that takes place from one generation to another in American life is not easily kept in mind by the mass of the people, since the mass is ignorant and has no historic perspective, thinks only in terms of the present moment, and is motivated by the feeling that those who are different from it and who threaten its welfare are vermin. Unfortunately this attitude has been given some degree of respectability by the work of a large section of American biologists and psychologists who have bolstered race hatred by the Nordic fallacy and kindred pseudo-science. The readiness to explain cultural difference and inferiority by germ-plasm peculiarities marks a passing and disgraceful epoch in American thought.

The remedy for all this hot outpouring of prejudice and irrational generalization, with its attendant warlike conduct, is education, so Feldman believes. Community programs of all types, and especially the remodeling of the conditions of employment, are advocated. From page 303 to the end of the book, a series of plans and propositions is outlined that virtually amounts to "belling the cat." How is one going to find enough unprejudiced persons? How are they going to get funds enough and energy enough to attack the prejudice that is entrenched in the very life of the land and is inherent in the desire of the employer to model himself after the community in which he works? Here and there an employer of labor may rise above the prejudices of the community from which he comes, just as the members of "The Inquiry" have risen above it. But in general, employers of labor, labor unions, officials, shop foremen, newspaper editors, and legislators will be of the people and blinded by the same prejudices. Or if they are not really blinded, they will kowtow to those prejudices in order not to imperil their own positions. It is very likely that the shutting off of immigration and the gradual Americanization of the lessening alien groups will do away with prejudice in so far as the white immigrant is concerned. To become similar is the first step towards assimilation, and with assimilation prejudice disappears. The Negro, the Indian, and the Mexican present a different type of problem, to be solved only as enlightenment produces a better social system. Under the spurs of fiercely competitive systems, the strivings of an acquisitive society will, I fear, render futile mere educative measures. Prejudice is fostered by competition, and is lessened by the necessity for collaboration and coördination. When social integration becomes more than a Utopian dream, then the type of prejudice

that operates so disastrously to degrade and destroy human beings will disappear.

The book is excellent in its temper, learned in its marshaling of facts and citations from the literature, and fascinating, not so much because of the style, which is clear enough, but because of the absorbing subject matter. There is no bitterness in Feldman's indictment of America. There is a real understanding of the difficulties that beset the building up of a communal spirit where alien cultures come into crowded contact. The idealism of the book is never sophomoric, and never intrudes too much upon the factual presentation of the situation. In short, the book is worth the attention and the reading of every serious student of contemporary life.

ABRAHAM MYERSON.

Tufts Medical College.

POPULATION PROBLEMS. By Warren S. Thompson. New York: McGraw-Hill Book Company, 1930. 473 p.

Ever since the days of Malthus, population problems have been discussed by economists and sociologists. The dire prophecies of Malthus have not been fulfilled, but the serious consequences that would follow the over-population of the world constitute a continuous warning. On the other hand, the possibility of a decline of population suggested by the general lowering of the birth rate is a real menace to some of the leading nations.

Interest in population problems was greatly increased by the World War. Factors having a bearing on the future growth and well-being of the various peoples of the earth have since been studied and many of them are receiving the careful attention of governmental authorities.

Among the various books dealing with these problems that have come to our attention in recent years, this new work of Professor Thompson takes first place. The scope is very extensive, comprising a wide range of topics relating to race development and to social and economic welfare. The discussions show remarkable comprehension of the whole field. The historical as well as the present-day aspects of the various topics are handled equally well.

While the book is evidently designed for a college textbook, it furnishes interesting and valuable reading to any one interested in human society.

The volume begins by a discussion of population policies in former times. The author then reviews the various population doctrines and theories that have been advanced since the days of Malthus. At the conclusion of this summary he raises the question whether there is a law of population growth. He is firmly convinced that no such law exists. Several chapters are devoted to the treatment

of birth and death rates. The discussion of the effects of the differential birth rate on the future status of the population is of special interest. The old problem of the food supply that will be available for future populations receives attention in the chapter on population, growth, and agriculture. So far as our own country is concerned, the author feels that the supply of food will be adequate for our increasing population for many generations to come.

The growth of cities and the many problems arising from the congestion of population are given consideration in four interesting chapters. Other important problems dealt with are the improvement of the quality of the population, the influence of natural selection, the effects of migration, and the control of population growth.

With respect to the sterilization of the feeble-minded the author makes the following statements:

"The quality of our population will be improved if a considerable portion of the feeble-minded are rendered incapable of reproduction either through segregation or sterilization. Even many of those who are feeble-minded through accident rather than heredity and who would not, therefore, transmit their feeble-mindedness will probably do such a poor job of raising children that it might be better for the community if they were not allowed to reproduce. But it should be remembered that these are matters of social policy on which there may be considerable differences of opinion. In general, we should be slow to condemn people who actually perform useful services in the community to sterility because we think that they are inferior. . . .

"Only within very restricted limits should we rely upon intelligence tests in developing a eugenics program. We must be doubly sure that people are defective and that they are the transmitters of defect before we compel them to forego reproduction. This does not preclude a large measure of birth control, or even complete voluntary sterility in border-line cases as was mentioned above. But there is a vast difference between compelling people who are on the border line between normality and abnormality, or who are merely of a sluggish mentality, to forego parenthood, and urging them not to raise families at the same time that we make it easy for them to practice contraception if they desire to do so. Personally I am opposed to the exercise of compulsion except in very clear cases of defective heredity. Most of even the so-called morons are not clear cases."

Although we may not agree with all of the conclusions reached by the author, we cannot fail to recognize and admire his literary ability and the depth and breadth of his scholarship.

HORATIO M. POLLOCK.

New York State Department of Mental Hygiene.

HUMAN HEREDITY. By E. Baur, E. Fischer, and F. Lenz. Translated by Eden and Cedar Paul. New York: The Macmillan Company, 1931. 734 p.

An adequate compendium on heredity and eugenics has hitherto been lacking in English, despite the excellent textbook of Castle and the recent book of Gates. It is well, therefore, that the standard treatise on the subject should have been translated from the fourth German edition. Three of the leaders in Germany have contributed to it in the two later editions—namely, E. Baur, of Berlin; E. Fischer, of the Kaiser Wilhelm Institute for Anthropology and Eugenics; and Fritz Lenz, editor of the *Archiv für Rassen- und Gesellschafts-Biologie*. Baur's contribution has to do with the general theory of variation and heredity. This is a good presentation except that it neglects the important new lines of research in the field of chromosomal fragmentation and union of non-homologous chromosomes. Fischer deals with racial differences in mankind. His treatment is largely descriptive, but gives some account of racial hybrids and their heredity. Lenz's contribution is concerned more strictly with heredity, in relation both to "morbific" factors and to intellectual gifts. This section is particularly indispensable to the student of eugenics, the section on methodology is especially valuable.

We welcome the English translation, which seems to have been excellently done by the Pauls. The book is also well published. We bespeak for it a wide circulation.

C. B. DAVENPORT.

Carnegie Institution of Washington, Department of Genetics.

BIOLOGY IN HUMAN AFFAIRS. Edited by Edward M. East. New York: McGraw-Hill Book Company, 1931. 399 p.

This is another symposium and "outline" book. The reader is carried rapidly and informingly over a variety of subjects that bear upon the biological sciences in relation to human welfare. One quickly gets an impressive sense of the present intellectual ferment and of the contributions to improved social conditions, actual and potential, in matters of psychology, heredity, medicine, public health, problems in food resources, diet, and so forth.

The authors of the several chapters are all eminent in their field, and in the absence of a disposition to go into these several matters more adequately, the reader will find here an introduction to contemporary scientific accomplishments that should at least stir him to further study. The book does not purport to be a contribution to knowledge, but it is an interesting introduction to the subjects discussed.

ORDWAY TEAD.

Columbia University.

THE TREATMENT OF SCHIZOPHRENIA. By Leland E. Hinsie. Baltimore: Williams and Wilkins Company, 1930. 206 p.

The major strategy of this book is in its attack upon the "almost hopeless attitude" toward the treatment of schizophrenia admittedly prevalent both in America and abroad. In this the book is entirely commendable. Those who have followed the teachings of Meyer and Hoch and the writings of Brill, Kempf, Jelliffe, White, and many others may see in this work an echo of their own attitude.

The initial chapter gives a résumé of current conceptions of schizophrenic psychology, out of which the author derives as his working technique the "free-association" method of study. The major portion of the book is concerned with psychoanalytic theory and the application of its technique. In the chapter on selection of material, the author leaves us in doubt at times concerning the validity of his diagnosis, particularly upon pages 52 and 53, where, upon the basis of the material presented in a case history, it is difficult to visualize a truly schizophrenic reaction. Bleuler's concept of "latent schizophrenia" and its derivatives—such as "pre-psychotic states," "incipient states," and the like—although in all probability it has a certain validity, does not, for many of us, carry the sanction of inevitability. Many individuals thus classifiable tend to remain at this level of adjustment instead of progressing further along the road of social maladaptation. I point this out merely to indicate a possible margin of error not accounted for by the author. It in no way militates against the essential fact that such individuals—particularly when they come voluntarily for treatment, as was the case with this author's group—are deserving of therapeutic endeavors. And it is of considerable interest and importance that they are found to be suitable for the psychoanalytic approach.

The book is written somewhat unconventionally. The last two chapters, one of which is devoted to physical complaints and the other to a survey of the literature, seem to this observer to be out of sequence and to interfere with the rhythm and unity of the presentation.

R. A. JEFFERSON.

Colorado Psychopathic Hospital.

THE BASIS OF EPILEPSY. By Edward A. Tracy, M.D. Boston: The Gorham Press, 1930. 92 p.

Dr. Tracy has added another word to the great problem of epilepsy. So-called epilepsy, or convulsive disease, has been studied and written about since the dawn of history, and the bibliography now in the library of the Surgeon-General's office at Washington, D. C., comprises more than 5,000 articles on this one subject alone.

The literature on this problem runs the full gamut of inquiry, from the most ultra-scientific level to that which many feel is a most ludicrous one. It has been considered by workers in almost every field of scientific endeavor, and it is felt by many that because of the lack of correlation of their efforts, little progress has been made in the past. The studies now being carried on by the various clinics and individual workers in the field of epilepsy are being better coördinated, and it must be recognized by all that some advancement has been made in the study of convulsive disease. A greater effort is being made to differentiate the various types of convulsive disorders, separating those that are on a purely somatic basis from the so-called essential or idiopathic types. We call them essential or idiopathic to-day, but as our knowledge increases, will not this group become smaller? Soma and psyche are being recognized as closer units, and as our laboratory methods improve, there will be a recognition of their more intimate relationship.

Dr. Tracy's monograph gives us a very interesting study of the vaso-motor reactions, he endeavoring to show the constancy of vaso-motor reflex changes in the skin, the so-called "white spots of epilepsy". Echeverria and others in the past have called attention to this manifestation. Dr. Tracy does not confirm his observations with a sufficiently large number of controls. Sympathectomies have been done on the basis of the vaso-motor disturbance and in some few selective cases, most brilliant results have followed, but unfortunately for the sufferer from this disease, a few surgeons have been considering all convulsive manifestations as being on this level. In the consideration of epilepsy, as well as any other symptom complex, every life factor should be considered, not one, but all. Dr. Tracy's monograph is an interesting symptomatic study.

KIRBY COLLIER.

Rochester, New York.

PSYCHOPATHIC PERSONALITIES. By Eugen Kahn, M.D. Translated by H. Flanders Dunbar. New Haven: Yale University Press, 1931. 521 p.

This volume was first published in German as a part of Bumke's *Handbuch der Geisteskrankheiten*. The author begins with a clinical description of various types of abnormal personalities, giving a somewhat elaborate scheme of classification. Here one sees the influence of Kraepelin, whose elaborate descriptive studies and system of classification have markedly affected the whole outlook in psychiatry. It is along such lines that the description of psychopathic personality continues. A chapter on the construction of the personality gives the author's views as to the manner in which the personality is formed.

There is some discussion and criticism of the views of Freud and Adler. The author apparently sees some value in such formulations, but regards them as one-sided and not satisfactory in many respects.

Personality, according to the author, is composed of three strata—impulses, temperament, and character. The psychopathic personality is then considered from the standpoint of each of these strata. The author emphasizes the importance of constitutional predisposition, but points out how, in spite of predisposition, environment may determine whether certain characteristics remain latent or express themselves. On this point the reviewer finds himself in complete agreement.

The point of view expressed throughout is that of German psychiatry, and it is of interest that in an extensive bibliography of twenty pages and one hundred and four authors there is not a single reference to an English-speaking writer. This is not said in criticism, but merely to convey to the reader the type of material found in the book and the sources from which the work is drawn.

It is an excellent thing to have such a work presented to us in English and made easily available to those who find the reading of German difficult. In certain parts of the book the style is somewhat ponderous, but as other parts are quite clearly and simply expressed, it is impossible to judge how far the translator may have been responsible for this difference in style.

There is nothing apparently new or startling in the book. It represents a carefully planned, systematic study of psychopathic personalities from the clinical and descriptive standpoint rather than from that of more dynamic methods. As such, it is an important and worth-while contribution to the subject.

KARL M. BOWMAN.

Boston Psychopathic Hospital.

THE PERSONALITY OF CRIMINALS. By A. Warren Stearns, M.D.
Boston: The Beacon Press, 1931. 146 p.

In this volume Dr. Stearns gives us, informally and non-technically, the benefit of his wealth of impressions concerning the criminal in his many and complex personal and social relations. What Dr. Stearns has to say is well worth reading, not only for its intrinsic merit and interest, but because of the authority with which he speaks by virtue of his long and intimate contact with the problem, professionally and officially. Of especial appeal, it should be noted, is his fresh, independent, and entirely undoctinaire point of view.

The material is presented under five main heads. Thus determinant factors of normal conduct are considered first; then come categories of

non-conformists, categories of criminals and control of crime, and finally a chapter on conclusions, and an appendix comprised of a full and very well planned outline for case study. Supporting statistical material is freely employed, but definitely not to the point of diminishing returns in interest. Likewise, the presentation is well vitalized by numerous case reports and examples.

The keynote, it may be added, of Dr. Stearns' thesis is emphasis upon the scientific approach in the broadest and fullest sense of the term, not limited to any one specific branch or interest. Also Dr. Stearns stresses very strongly the importance, immediate and remote, of environmental factors. Of interest, too, is his summary of fundamental causal elements in crime—to wit, neglected childhood, physical and mental disease, and the primitive culture of immigrants.

Nicely crystallized also, and indicative of the simplicity and directness characteristic of the work as a whole, are Stearns' concluding statements: "There are three great obstacles to progress in this field: first, the inherent weaknesses of human beings; second, the traditional ideas concerning crime and its treatment; third, the lack of knowledge as to what to do.

"The indications for future endeavor are equally simple: first, renewed and increased efforts in character building, and in protecting the handicapped, especially during childhood; second, the modification of social custom in so far as it has to do with the care of the criminal; third, vigorous study of the subject from all angles, with an abiding faith that science and scientific methods, once applied to this field, will ultimately show us the way. "Let us be patient as we study, and proceed in a deliberate and orderly manner."

THEOPHILE RAPHAEL.

University of Michigan.

NEW LIGHTS ON PASTORAL PROBLEMS. By Paul Hanly Furfey. Milwaukee: The Bruce Publishing Company, 1931. 103 p.

The object of this little book is to make available to priests and their helpers among the sisterhoods sound factual material concerning human behavior that will be helpful in pastoral work.

In twenty short chapters a wealth of material is presented in a fashion that should pique the curiosity of the reader to learn more about human behavior and to prove to himself "that there is no opposition between the traditional viewpoint of the Church and the proved conclusions of modern science."

The author has purposely limited himself to a discussion of minor disorders which are very common in everyday life. After calling attention to and discussing the natural history of conduct, with its

resulting warfare between the "flesh" and the "spirit," the author proceeds to a discussion of "the compromise"—an exorbitant price paid for apparent peace. Yet, as the author shows, the warfare continues in the unconscious, and this repression is dangerous, for it is a repression of the consciousness of the facts that brought the warfare about. "The spirit has blinded itself and is now fighting in the dark." However, complete repression is not the rule; rather, the repressed matter is constantly betraying its presence, but in a symbolic manner, as in the conversion neuroses.

Compromise in the warfare between the flesh and the spirit also may be effected through the use of rationalization, phantasy formation, projection, and the development of feelings of inferiority. A chapter is given to a discussion of each of these mechanisms.

Believing it essential that the priest, in view of his relationship to the parochial school, should be informed not only with regard to minor mental aberration, but also about mental defect, the author devotes a chapter each to the measurement of intelligence, the idiot and the imbecile, the moron, the dull child and the school, and the gifted child.

The book is one well worth reading by the busy priest under the pressure of pastoral duties. Read with an open mind, it will carry conviction and many a soul will call him blessed for the understanding of human motives it will give him.

HENRY C. SCHUMACHER.

Cleveland Child Guidance Clinic.

CREATIVE CAMPING. By Joshua Lieberman. New York: Association Press, 1931. 251 p.

Here is a history of the development of a camp aimed to provide those factors in education, development, and help to children that will make of them adults capable of adjusting to the world in which they live. The programs and methods used in handling the child in this camp represent an heroic departure from the hidebound rules and ideas of many schools, camps, and community settlement-house groups. Dr. Kilpatric, in his foreword, remarks that "schools will find portrayed an educational faith and procedure which more and more enters our practice to remake it."

From the standpoint of mental hygiene, the book has much to offer. Every clinic seeks placement for a great many children annually in summer camps, and all too often the particular camp selected is not equipped or developed to handle properly the individual child. As a result his benefit from the camp stay is often nil. The clinic worker who reads this book will perhaps see more clearly the reason for such failure—will be more careful in advising and

promoting camp placement, and will seek to develop in the directors and staff a clearer understanding of the child's problems and needs.

With almost naïve directness the author points out one extremely interesting aspect of counselor selection—namely, the fact that an A.M. or Ph.D. degree does not necessarily imply ability to work with children.

For parents, this book contains much that is of value. Very few parents really understand why they place their children in camps and more particularly what the children should receive from such placement. This volume offers them an opportunity to gain insight not only into those aspects of camp life which they overlook, but also, with but very little reading between the lines, into their own methods of handling the child in the home. Discerning parents will find much in the discussions headed *Use of Crafts*, *Problems of Maladjustment*, and *Experiences in Social Living*, that can readily be adapted to home planning and family living.

The book is especially to be recommended to camp directors, counselors, and service leaders who have to do with children in their everyday training and growth.

E. S. RADEMACHER.

Yale School of Medicine.

EDUCATIONAL PSYCHOLOGY. By William Clark Trow. Boston: Houghton Mifflin Company, 1931. 504 p.

This author's approach to the problems of educational psychology is a dynamic one, and for that reason the book is of particular interest. If the attempt to utilize material from different schools of psychology leads to some suggestions of inconsistency in the text, this, as is pointed out in the Introduction, is almost unavoidable. "No effort has been made," remarks the author, "to indoctrinate the reader with any of the current psychological orthodoxies or heresies, to reconcile their conflicting claims, nor yet to blind his eyes to their mutual aversions. If psychologists delight in controversy, why should it be denied to their students?" This, it seems to the present reviewer, is an excellent attitude for a teacher to take toward his students, for it should encourage them to think for themselves instead of memorizing data.

The conventional introductory chapter outlines the scope and objectives of educational psychology. Chapter II considers the use of motivation in education, advancing the idea that the school environment should be so constructed as to meet the fundamental needs of the child and provide satisfaction for them. These needs are discussed under the three broad headings of physiological, psychological, and

social. Chapter III summarizes data on emotion from the physiological point of view, including the James-Lange theory, the relation between the autonomic nervous system and emotional responses, and the rôle of the endocrines. Chapter IV takes up some of the problems of emotional adjustment, with particular reference to psychoanalytic theory as represented by Freud, Jung, and Adler. This involves descriptions of many important mental mechanisms, such as projection, rationalization, repression, introversion, phantasy, and compensation for inferiority feelings. In Chapter V, the focus of attention is upon the intellectual equipment of the child, methods of measuring intelligence, and pedagogical procedures that have been developed to meet the needs of individual differences in intelligence. The statistical aids that are useful in mental and educational measurements are given in more detail in Chapter VI. Chapter VII to X, inclusive, are devoted to the subject of learning. This important topic for educational psychology is considered under the following chapter headings: *Sensori-motor Learning and Manual Skill; Associative Learning and Transfer; Rational Learning and the Scientific Method; Social Learning and Character Education*. A final chapter, under the heading *Growth*, reviews some of the principles of heredity, environmental influences, and infant, child, and adolescent psychology.

"Educational psychology," the author concludes, ". . . is the study of the individual and the processes by which changes are made in him to the end that he can more adequately adjust to the natural and social order." With this statement, educational psychology takes on a mental-hygiene significance, and the text here reviewed may be highly recommended as realizing fully the mental-hygiene attitude toward educational problems.

PHYLLIS BLANCHARD.

Philadelphia Child Guidance Clinic.

NOTES AND COMMENTS

LEGISLATIVE NOTES

FREDERICK W. BROWN

*Director, Department of Information and Statistics,
The National Committee for Mental Hygiene*

The new laws that have been passed since the October issue of *MENTAL HYGIENE* are indexed by subject and summarized below. The designations S. and H. refer to Senate and House bills, respectively. The chapter numbers of new laws are given when known. If the bill or law was previously summarized, the issue of *MENTAL HYGIENE* in which it appeared is indicated in parentheses. Laws of purely local or technical interest are not summarized.

Correction: In the October, 1931, issue of *MENTAL HYGIENE*, the Tennessee sterilization bill was erroneously reported as having become a law. This bill was killed.

Index by Subject

Children, Defective or Delinquent

Wyoming, H. 37.

Marriage and Divorce

Connecticut, S. 464.

New Institutions, Clinics, etc.

Florida, S. 168; Oklahoma, H. 96; Texas, S. 170.

Sterilisation

Maine, S. 590.

Connecticut

S. 464, Chapter 278. Provides that the superior court shall have exclusive jurisdiction of all complaints for divorce and may grant divorce to any man or woman for the following among other causes: incurable insanity and confinement in an asylum or hospital for the insane, for at least five years next preceding the date of the complaint in such action.

Florida

S. 168. (Same as H. 383 summarized 2/'31.) Provides for the establishment of a Bureau of Vocational Guidance and Mental Hygiene at the University of Florida.

Maine

S. 590, Chapter 275. Provides for the sterilization of any person confined in an institution for mental defectives or person with mental disease, whenever it appears to the medical staff or institution physician that such person, if released without sterilization, would be likely to produce a child or children who by reason of inheritance would have a tendency to serious mental disease or mental deficiency; provided, however, that a recommendation to the above effect be approved by the governing board of the institution and that it shall be further approved by two of the following persons: the superintendent of the Bangor State Hospital, the superintendent of the Augusta State Hospital, and the superintendent of the Pownal State School for the Feeble-minded.

Oklahoma

H. 96, Chapter 26. (2/'31.) Provides a new state mental hospital for Negroes.

Texas

S. 170, Chapter 253. Provides for a State Prison Psychopathic Hospital, "for the examination, care, treatment, and incarceration of insane, mentally deficient persons who have been indicted or convicted of a felony; and provides for the examination and scientific study of prisoners to determine their mental and nervous condition."

Wyoming

H. 37, Chapter 6. (2/'31.) Provides, among other things, for the removal from school, by school district boards, of pupils for disorderly conduct, or for mental or physical disability of so serious a nature as to be detrimental to the welfare of other children in the school.

TWENTY-SECOND ANNUAL MEETING OF THE NATIONAL COMMITTEE
FOR MENTAL HYGIENE

The Twenty-second Annual Meeting of The National Committee for Mental Hygiene was held on the twelfth of November at 450 Seventh Avenue, New York City, in the Nelson Tower Building, to which the organization moved last spring. Because of the depression, the usual luncheon was omitted and the meeting was attended by members only. This made it possible to hold the meeting in the offices of the Committee and gave the members a chance to inspect the new headquarters.

Informal addresses on various phases of the work were made by Dr. Clarence M. Hincks, General Director of the Committee; Clifford W. Beers, Secretary; and Dr. Ralph A. Noble, Director of the Committee's new Division of Psychiatric Education.¹

Resolutions were adopted in honor of the memory of the following members of the National Committee who had died during the year: Mrs. John Wood Blodgett, of Grand Rapids, Michigan; the Hon. Dwight W. Morrow, of Englewood, New Jersey; Dr. Lee K. Frankel, of New York; the Hon. Richard I. Manning, of Columbia, South Carolina; Dr. Charles F. Stokes, of New York; President Edwin A. Alderman, of the University of Virginia; President Sidney Edward Mezes, of the College of the City of New York; Dr. C. B. Burr, of Flint, Michigan; Dr. Whitefield N. Thompson, of Hartford, Connecticut; Dr. Hermann G. Matzinger, of Buffalo, New York; and Dr. E. E. Cohoon, of Medfield, Massachusetts.

The officers of the National Committee for the coming year are: Honorary President, Dr. William H. Welch; President, Dr. Charles P. Emerson; Vice-Presidents, President James R. Angell, Dr. William L. Russell, and Dr. Bernard Sachs; Treasurer, Mr. Frederic W. Allen; General Director, Dr. Clarence M. Hincks; and Secretary, Clifford W. Beers.

THE HUMAN FACTOR VARIOUSLY CONSIDERED

Reprinted by permission from the *British Medical Journal*, June 13, 1931

The National Council for Mental Hygiene held its second biennial conference from May 27th to 29th, at the Central Hall, Westminster. About eighty bodies, including the British Medical Association, coöperated. The subject chosen for discussion was about as wide as any subject could be—namely, "The human factor"—which was considered at successive sessions in its relation to international problems, to crime, to industry, to social services, and to education. Speakers, therefore, were tempted to roam over the whole field of human affairs, and some of them took full advantage of the liberty. The conference was opened by Miss Susan Lawrence, M.P., Parliamentary Secretary to the Ministry of Health, who mentioned with gratification that since the previous conference the Mental Treatment Act, then foreshadowed by the Minister, had come into being. Previous legislation, she said, had been devoted to preventing the consequences of mental disease, and the idea of the safety of the community and of the patient had been the governing consideration; but now for the

¹ A full account of the plans and purposes of this new division was given in the October, 1931, issue of the *Mental Hygiene Bulletin*.

first time the emphasis was laid upon the possibilities of treatment and prevention. Miss Lawrence incidentally paid a high tribute to the medical profession. The politician, she said, was rather distrusted, and the press had lost a great deal of its former power, but there was one person—namely, the doctor—to whom the layman would listen with respect and attention, and with an implicit belief in what he said. However sceptical the British public might be in other matters, it was extremely docile in accepting the views of medical science, and in that way, she generously declared, it showed its intelligence. The people did believe in science, and were perfectly ready to submit themselves in health matters to the judgment of experts.

The conference then resolved itself into a kind of peace meeting, and discussed the human factor in international problems. Dr. J. R. Lord, a member of the executive council of the International Committee for Mental Hygiene, spoke of the part which mental hygiene—the greatest constructive force in the world, leading, as it did, to an understanding of human nature and behavior—could play in the avoidance of war. One point he brought out was that the mental-hygiene movement, hardly known as an international movement before the war, now embraced some thirty-five societies in different countries. A suggestion made by Dr. Lord was that princes in the succession in monarchical countries should have psychiatrists in attendance, and also, of equal importance, that in democratic countries measures should be taken to ensure the mental health of high officers of state, especially those occupying executive positions.

The meeting was also addressed by Professor A. Zimmern, until lately Deputy Director of the League of Nations Institute of Intellectual Coöperation, and now professor of international relations at Oxford. Dr. Lord had described the League of Nations itself as a vast experiment in mental hygiene, and Professor Zimmern instanced some of the great services of the League from this point of view. Not the least was the fact that it had concentrated in one place the handling of complex and technical international business, and had arranged for open discussion, by which the public of different countries was being educated as to the nature of the issues. Thus the gulf was bridged between romance and reality, which had hitherto so greatly impeded the sober discussion of international problems.

At the session devoted to the human factor in crime, over which Sir Hubert Bond presided, Dr. W. A. Potts, psychological expert to the Birmingham justices, spoke of the need of investigation into the history of delinquents and the difficulties and handicaps of their lives. An appreciation of those difficulties was assisted by realizing the interrelation of mind and body, which was so close that physical

disorders might often cause abnormal conduct. Mr. Clifton Roberts, of the Howard League for Penal Reform, suggested that perhaps some enlightened member of Parliament might introduce legislation by which, in future, criminals would be described as patients, and prisons as institutions for the scientific treatment of offenders.

A discussion on the human factor in industry was opened by Sir David Munro, Secretary of the Industrial Health Research Board of the Medical Research Council, who described vocational tests; there was as yet, he said, no reliable test for temperament, the most important feature of the make-up of the human mind, unless the tests by Drs. Culpin and May Smith in their work on "the nervous temperament" proved to have universal application. Mr. C. J. Bond also mentioned experiments in vocational guidance carried out by the National Institute of Industrial Psychology. He believed that vocational guidance, on the one hand, and vocational selection, on the other, would grow in usefulness as they became more fully developed, and might rank in the future among the important influences helping to restore prosperity and contentment to industrial life.

The Dean of St. Paul's presided over the session which discussed the human factor in social services, and made a plea for greater attention to eugenics. Perhaps the greatest problem for the educationist to-day, said Dean Inge, arose out of the very low average level of intelligence. The Americans applied scientific tests to over a million of their recruits in the war, with the disconcerting result that the average mental age of the American citizen was discovered to be thirteen—and the Dean supposed that on this side of the Atlantic it would not be any higher. In the past the progress of a nation or tribe had depended less on the raising of the average of intelligence than on its variability, whereby a few highly gifted leaders were thrown up. But average ability was now coming to be of greater importance.

Dr. H. Crichton-Miller, Honorary Director of the Tavistock Square Clinic, discussed with frankness the problem of the marital relation. He said that monogamy, which had been the accepted ideal of Christian civilization for many centuries, and was much older than Christianity, of course, was now threatened in a way which to some appeared alarming. The question was how, by taking thought, one could make any difference to the amount of maladjustment which was so evident. In the view of the psychologist, the Church had made the situation more difficult by demanding certain commitments in the name of monogamy which were not psychologically possible. The Church had acted quite naturally and rightly from its own point of view, but it had neglected the fact that while behavior could be commanded, feelings could not be commanded, and because human

beings could not command their feelings they had no right to make them the subject of solemn pledges. Dr. Crichton-Miller, however, thought it a proper line of argument that for this very reason—because emotional feelings could not be pledged beforehand—the relationship should be all the stronger on the behavioristic side, and conduct must be all the more necessarily pledged. The guiding consideration always should be posterity. All the difficulties of the marital relationship ought to be subordinated entirely to the trusteeship of parenthood. By so doing we should get away from “this froth and bubble about companionate marriages.”

Another speaker was Dr. Isabel G. H. Wilson, Commissioner of the Board of Control, who discussed in a happy way the different types and motives of social workers, calling for sympathy and understanding of all types, even including those who “always wore a halo around their heads.” The closing session was a very domestic affair, with a discussion on the bringing up of children, in the course of which the one medical speaker, Dr. F. C. Shrubsall, uttered some home truths in child psychology, such as, for example, that a nagging household produced an irritable child, and that it was useless to recommend to a child a course of action which was not practiced in the family.

THE DUKER CASE

The opinion given below was filed by the Honorable Joseph N. Ulman, Presiding Judge of the Criminal Court of Baltimore, in the case of the State of Maryland vs. Herman Webb Duker and Dale Lambert. It is an unusually clear and appealing statement of the dilemma with which the progressive-minded judge is faced when it comes to passing sentence upon the mentally abnormal criminal:

“In 1928 Herman Webb Duker was an inmate of the Maryland School for Boys. He was then eighteen years old. Throughout his childhood and youth he had been troublesome and unmanageable. He had already served a term of nine months in the New York City Reformatory. He was committed to the Maryland School for Boys as a result of a series of thefts, probably to the amount of \$2,000, committed by forcibly entering apartments in Baltimore.

“At the Maryland School he was examined and studied by the psychiatrist of that school and was found to be a ‘psychopath of the chronic delinquent type, with some sexual psychopathy and with marked tendency toward the runaway reaction.’ This condition is not recognized by the law of Maryland as ‘insanity.’ Moreover, Maryland has no place of detention for the permanent segregation of seriously defective delinquents.

“True to his type, Duker escaped from the Maryland School. A few months later he was caught in the commission of another crime in New York and was sentenced to eighteen months in the Elmira Reformatory.

His behavior record there was so bad that he had to serve thirty-one months before he was released. While at Elmira Reformatory, he was again studied and examined by the psychiatrist of that institution; and again there was made a diagnosis of 'psychopathic personality.' New York maintains a hospital for the criminal insane, but Duker's condition does not amount to 'insanity' under the law of New York. In January, 1931, he returned to Baltimore.

"On April 20, 1931, in company with Dale Lambert, a weak-willed youth of nineteen, he attempted to hold up and rob John W. Anderson, a driver of a milkwagon. Anderson made some resistance. Duker shot and killed him.

"To-day, November 3, 1931, Duker has been sentenced to be hanged. Lambert has been sentenced to imprisonment for life in the Maryland Penitentiary.

"Anderson left a widow and three children.

"If the laws of Maryland were like the laws of Massachusetts, Duker might have been confined for life in a place of detention for defective delinquents immediately upon the diagnosis of his case by Dr. Partridge in 1928. Then John W. Anderson would be alive; Lambert would not be a prisoner for life; and Duker would not have to be hanged.

"This case came before the Court under a general plea of guilty. Thereupon there was presented testimony covering the facts of the case which was so conclusive that the Court unhesitatingly fixed the degree of the crime as murder in the first degree. It then remained to hear additional testimony and to make further investigation in order to determine between the alternative penalties fixed by statute—viz., life imprisonment in the Maryland Penitentiary, or death by hanging.

"At the outset, the Court feels impelled to express its approval of the course of action followed by counsel for the defense. Possessed of information tending to show that the defendants are not 'normal' persons mentally—that one of them, Duker, is a pronounced psychopathic personality and that the other, Lambert, is possessed of a degree of intelligence close to the feeble-minded border line—counsel nevertheless advised their clients to plead guilty. In doing this, counsel courageously assumed a heavy burden of responsibility. The Court believes they acted wisely and in a manner creditable in the highest degree to the fine standards of the Maryland Bar.

"A word of explanation may, perhaps, be necessary at this point. Under a plea of insanity, opinion evidence must be limited to evidence of insanity as legally defined—namely, inability to distinguish between right and wrong, and lack of appreciation of the consequences of one's acts. This legal definition came into the law of Maryland in 1888. Since that time (and even before) medical science has evolved tests and standards of mental abnormality and of moral responsibility which do not fall under the categories of this legal definition. It became abundantly clear in the course of this hearing that by legal definition both defendants are perfectly sane. Every psychiatrist who testified, whether employed by prosecution or defense or acting as a Court official, agreed in that regard. Obviously, then, a plea of insanity would have availed nothing; and none was filed.

"On the other hand, after plea of guilty a defendant stands before

the Court subject to every kind of inquiry and scrutiny which the Court thinks may discover pertinent facts and may prove helpful in reaching a sound decision as to sentence. The Court may use its own discretion as to the nature and scope of such inquiry. It may be made by the judge in the court room or through the agency of others wherever the truth or some part of it may lurk. Obviously, in such an inquiry the Court will seek to inform itself to the utmost regarding the individual who is to be sentenced. His heredity, his past life, his bodily health or sickness, his type of mind—all of the factors that go to make him the person he is, are important if he is to be dealt with justly, and if society is to be protected from crime. In such an inquiry the Court can, and should, take advantage of every resource afforded by the available methods of modern science. If modern science has set up standards of moral or mental responsibility that differ from those legally defined as 'insanity' in 1888, then, in an inquiry of this nature and for this purpose, the Court is not limited to the standards as defined by law, but can and should seek information illuminated by the best scientific thought of to-day.

"In the case of one of these defendants, Lambert, the problem was a comparatively simple one. He is sane, he is of border-line intelligence, he has a previous criminal record of comparatively minor offenses of which none involved violence. He is described as an individual not particularly dangerous to society. Although he was engaged in a robbery and was armed, it is of some significance in this respect that he neither fired the fatal shot nor even drew his loaded gun. Confinement in the penitentiary for life is the obviously appropriate penalty in his case. He is reasonably likely to become adjusted to that environment and to be entirely amenable to the discipline of that institution.

"The case of Duker presented far greater difficulties. In the effort to learn as much as possible about this defendant, the Court heard the testimony of seven expert witnesses who had studied his case. While five of them went on the stand at the request of Duker's counsel, and two of them at the request of the State's Attorney, it would be a misdescription to refer to the five so produced at the instance of the defense as 'defense experts.' One of these five, Dr. Guttmacher, is the medical officer of the Supreme Bench, whose examination of Duker was made at the direction of the Court. A second, Dr. Oliver, held the same position when he studied Duker in 1928. A third, Dr. Partridge, examined Duker in 1928, when Duker was an inmate of the Maryland School for Boys and Dr. Partridge was the psychologist of that institution. The fourth, Dr. Christian, is the Superintendent of Elmira Reformatory (New York), and knew Duker there as an inmate in 1928-29-30. This leaves only Dr. Truitt as a witness specifically employed by the defense as an expert for this case; and Dr. Taneyhill and Dr. Gillis employed by the state in the same capacity.

"Besides hearing the oral testimony of these witnesses the Court has had the benefit of an opportunity to read and to consider their written reports in which are set out the details of the studies they have made, which are the basis of their conclusions. These written reports are very voluminous—in all, they and other similar exhibits filed in the case comprise over one hundred pages of material and represent the result of many long days patiently spent by highly trained experts in the

study of this young man's history and personality. The factors, both hereditary and environmental, that have gone into his making have been laid absolutely bare to the Court. Every detail of his past years, from early childhood down through his more recent criminal career, has been checked and rechecked and calmly set down in black and white upon the printed or written page. Moreover, the Court has seen and interrogated the defendant on the witness stand—briefly, it is true, but enough to assist in the evaluation of the testimony which has been offered.

"Duker's twenty-two years of life unfold types and degrees of activity that indicate a grossly distorted personality. He is not merely a youthful delinquent who has achieved a precocious maturity in crime. As a small child he exhibited an appalling and inhuman cruelty to animals which persisted for many years. The full record of his robberies and like crimes will never be known. He confesses many for which he was never apprehended; and says that after committing them he experienced an unusual sense of peace and satisfaction—almost of exaltation—a release from his nervous restlessness. This is certainly not the common experience of normal criminals. He has for years suffered from serious abnormalities in the sex sphere. None of these peculiarities is at all obvious to superficial examination. On the witness stand he presents the picture of an alert, courageous, and peculiarly plausible individual. His apparent normality, coupled with his abnormal career, is itself an evidence of his pathological condition.

"What is that condition? With a degree of unanimity that reflects credit upon every medical witness in this case, the Court is assured that Duker is a 'psychopathic personality.' This is the conclusion reached by the present and former medical officers of the Supreme Bench, whose freedom from bias was to be presumed. It is the conclusion reached in 1928 by Dr. Partridge, then psychiatrist of the Maryland School for Boys, and in 1930 by Dr. Christian and the late Dr. Harding, superintendent and psychiatrist, respectively, of Elmira Reformatory—long before this murder had been committed. It is the same conclusion reached by Dr. Truitt, employed by the defense, and by Dr. Taneyhill and Dr. Gillis, employed by the State, for the purposes of this hearing. The 'battle of experts,' so often and so properly denounced as characteristic of American criminal trials, did not occur in this case. The 'expert witnesses' were there, but they tried fairly and honestly and regardless of immediate consequences to assist the Court in its search for the facts. The Court would be sadly lacking in appreciation of their fine, public-spirited attitude if mention were not made of it in this opinion.

"What, then, is a 'psychopathic personality'? In the first place, in Maryland, it is a legally sane person. He knows the difference between right and wrong; he is capable of appreciating the consequences of his acts. He may be a highly intelligent person. But he is emotionally unstable, abnormally self-centered, and his moral responsibility is less than that, or different from that, of a normal man. Psychiatrists, writing for scientific readers, speaking to scientific audiences, using the terminology of their science, do not find it easy to define the term. But this Court is thoroughly convinced that difficulty of statement does not, in this instance, indicate confusion of thought. The line between mental health and mental disease, as now understood by the medical profession,

is not always easy to draw, is not always a simple straight line. In this field lawyers and judges are merely laymen; and it would be as presumptuous for this Court to offer its opinion as superior to that of competent medical men as it would be for the doctors to attempt to instruct the lawyers upon the law of contingent remainders or like abstruse questions of law. Nevertheless, if the law is to apply and use medical concepts, some effort must be made to express them in language comprehensible not only by lawyers and judges, but by the general public which is affected by that application.

"Probably this has been done as well as possible in one of the reports on Duker referred to in the testimony of Dr. Truitt. Dr. Frankwood E. Williams, Medical Director of The National Committee for Mental Hygiene, referring to Duker in a letter written in August, 1929, said that the 'psychopathic' person, though legally responsible for his delinquencies, is 'as little able to conform his conduct to social standards as he would be to walk in the air.' To paraphrase as simply as possible the views expressed by every expert witness in this case, the psychopathic personality is emotionally unbalanced so that he does not respond normally to what his conscious mind tells him. He knows the consequences of wrong-doing, but impulses beyond his control sway his actions, regardless of the result to himself or to others. It is as though he were a high-powered automobile with a skillful chauffeur sitting at the wheel—but with the chauffeur's hands tied behind his back. The machinery of the automobile may be quite perfect. That represents the psychopath's 'brain'—his powers of thought. But the more powerful the machinery, the greater the danger to people in the street if the chauffeur's hands remain tied—if the normal emotional and moral impulses and controls are not present. Every witness in this case agreed that Duker has not the normal emotional and moral impulses and controls—and every witness concluded that he is 'not fully responsible' for his actions.

"It should be added that this classification is not just a psychiatrist's way of saying that nobody is responsible for crime and that nobody should be held accountable for criminal acts. The witnesses in this case drew a clear line of demarcation between psychopathic personalities and habitual or confirmed criminals. The former commit crimes because, though understanding what they do, they lack the power to control their actions. The latter, the confirmed criminals, have chosen a life of crime and have adjusted themselves to it as an occupation, just as merchants are merchants or doctors are doctors or lawyers are lawyers—as a means of livelihood. Dr. Christian estimates roughly that 30 per cent of the inmates of Elmira Reformatory are psychopathic personalities.

"Furthermore, there are various types of psychopaths. Dr. Partridge, testifying about this defendant, Duker, placed him in a subgroup which he called 'socio-pathic.' These unfortunate persons are peculiarly antisocial in their behavior. They are 'the most incorrigibly rebellious persons.' According to Dr. Christian they are the type of persons who lead in prison riots. Dr. Guttmacher says of Duker that he is potentially one of the most dangerous types of individual that society knows; that in a penal institution he would not be amenable to authority, and would be among the leaders in rebellion against it. Dr. Truitt, interrogated by the Court specifically as to how he thinks

Duker would respond to the discipline of imprisonment for life in the Maryland Penitentiary, replied that 'the outlook would be unfavorable.' The Court had, then, to decide between life imprisonment and hanging for a man who is legally sane, medically of abnormal psychology, and socially extremely dangerous. Moreover, he is socially dangerous and a menace to the life of others whether he be at large or confined in prison. And it must not be forgotten that prison guards are human beings—and that administration of law 'for the protection of society' applies to them as well as to other citizens.

"For these reasons, the Court has sentenced Duker to death. This action is, let it be added, a confession of social and legal failure. The best available medical opinion is to the effect that men of this type can be restrained adequately and effectively in institutions of the proper kind. Maryland has no institution specifically designed and intended for the permanent or long-time segregation of defective delinquents of this type. If it had one, Duker could not be confined in it for life—which is what should be done with him, what should have been done with him years ago—because, in the eyes of the law, he is not 'insane.' This is not said in bitterness—but in the hope that this case may help to bring near the day when our State will deal with his problem realistically and humanely.

"The problem is a large one and there is no simple answer to it. In the first place, it calls for a better understanding between the legal and medical professions. To-day, as expressed by Dr. William A. White in his *Insanity and the Criminal Law* (page 103), 'lawyers and doctors talk at each other in the court room, each using a different language, each approaching the problem with different traditions, different objects, and neither one understanding the other.' These two influential groups must try to find a common viewpoint so that they may work together. The legal concept of insanity, described by Edwin R. Keedy, Professor of Law in the University of Pennsylvania, as 'obsolete medical theories crystallized into rules of law,' needs to be made to conform to modern medical standards. But this must be done as part of a general program, so that the new legal definition will not result in turning loose into society dangerous persons who ought to be segregated. Proper institutions must be provided and the law must be so amended that defective delinquents will be sent to them and kept in them for treatment until cured, if curable, or for life, if not curable. The field is not an uncharted one. A model statute has been prepared by a distinguished group of judges, lawyers, and physicians comprising a committee of the American Institute of Law and Criminology. The state of Massachusetts has developed both a system of jurisprudence and a group of institutions which are generally conceded to approximate the ideal method of dealing with such cases. It would transcend the proper limits of a judicial opinion—already too long—to discuss in detail the legal, medical, and penological problems here suggested. One thought only should be stressed. Whatever is done should be done after the most thorough study and upon a comprehensive basis. There should be no tinkering with existing laws, no half-baked and halfway legislation dealing with mere details of procedure. Instead, there should be set up legal standards, legal procedure, and proper places of detention, all carefully planned and thoroughly integrated—and all designed to protect society from crime by reducing the opportunities for its commission.

"But until the law is changed, and so long as our institutions remain what they are, it is the province of a Court to apply the law as it finds it. In this case, a sentence of life imprisonment in the penitentiary for Duker would carry with it a threat, and a serious threat, against the lives of the other prisoners and of the guards in that institution. The Court, circumscribed by the paucity of choice afforded by our laws and our institutions, is compelled—in order to protect society and to prevent further probable homicides—to sentence a man to be hanged who is 'not wholly responsible' for his acts. No doubt other Courts have done this before—doubtless it will be done again. This Court is doing it knowingly and with a realistic conception of the tragedy of it—because there is no workable alternative."

THE STATUS OF INSTITUTIONAL STATISTICS

Beginning with the reports for the year 1932, The National Committee for Mental Hygiene will discontinue the collection of annual statistical reports from mental hospitals and from institutions for mental defectives and epileptics. The National Committee will continue, however, the distribution of the statistical manuals and uniform record cards and tabular forms which are used by most mental hospitals and institutions in the keeping of their own records. The reasons for making this change may be briefly indicated.

With the passage of Senate Bill 1812 by the United States Congress and its approval by the President on March 4th, 1931, the Director of the United States Bureau of the Census was "authorized to compile and publish annually statistics relating to crime and to the defective, dependent, and delinquent classes." The passage of this bill marks a distinct step in advance in the efforts that have been made over a period of years, by The American Psychiatric Association, The American Association for the Study of the Feeble-minded, and The National Committee for Mental Hygiene, to secure adequate uniform statistics concerning persons with mental diseases, mental defects, and epilepsy, and similar efforts on the part of those interested in statistics of the criminal and delinquent classes. The annual censuses of state institutions conducted by the Bureau of the Census since 1926 have been made under special authorization of the Secretary of Commerce.

Immediately after the passage of the above bill, the Director of the Census called a meeting of a committee of psychiatrists and statisticians to discuss with him the best methods of carrying out the provisions of the new law. At this meeting the director appointed a special advisory committee on mental disorders, consisting of Dr. Horatio M. Pollock, Director, Statistical Bureau, New York State Department of Mental Hygiene; Dr. Neil A. Dayton, Director of Research, Massachusetts State Department of Mental Diseases; and

Mr. Frederick W. Brown, Director, Department of Information and Statistics, The National Committee for Mental Hygiene. On the following day he appointed Mr. Brown as a special agent of the Bureau of the Census to have charge of the actual collection and publication of data relating to mental disorders. The annual collection of these statistics, therefore, becomes an official duty of the Bureau of the Census while remaining under the direction of The National Committee for Mental Hygiene with the advice and assistance of representatives of The American Psychiatric Association and The American Association for the Study of the Feeble-minded.

Since 1923 the annual census has covered state hospitals and institutions only, and its scope has been limited to data relating to finances, administrative staff, movement of population, and the classification of first admissions, readmissions, discharges, and deaths. State psychopathic hospitals have not been included in the reports. No increase in the amount of information requested of mental hospitals is planned for the present, except in the case of those for the criminally insane. From these hospitals an attempt will be made to secure a classification by psychoses and types of offense. Similar additional information will be requested of institutions for defective delinquents, and a report of the ability of patients on discharge, as outlined on page 24 of the *Statistical Manual for the Use of Institutions for the Feeble-minded*, will be requested of all such institutions. A more detailed census, similar in scope to that of 1923, is planned for every fifty-year period, beginning with data for the calendar year 1932-1933.

Beginning with the annual census for the calendar year 1931-1932, it is planned to make the reports of the Bureau as complete as possible. For this purpose a special effort will be made to secure full reports, not only from state institutions, but also from all county, city, and private institutions whose statistical records enable them to cooperate, and movement-of-population data from all others. Through the courtesy of the Veterans' Administration, data will be furnished for veterans' hospitals. The Director of the Census has agreed to include also data from general hospitals that have wards and out-patient clinics for mental patients, which will be collected by The National Committee for Mental Hygiene.

The splendid cooperation of these institutions with The National Committee for Mental Hygiene and with the Bureau of the Census, together with the very active interests of the Bureau in this work, which it now takes up under legal sanction, are a happy augury of its successful accomplishment.

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